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Image# 201507139000092544

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

| | For Other Than An Auti | nonzea Committee | Office Use Only |
|---|---|--|---|
| NAME OF COMMITTEE (in full) | TYPE OR PRINT ▼ | Example: If typing, type over the lines. | 12FE4M5 |
| National Democratic I | Policy Committee | | |
| | | | |
| ADDRESS (number and street) | 113 HALIFAX PLACE | | |
| Check if different than previously reported. (ACC) | LEESBURG | | VA 20175 |
| 2. FEC IDENTIFICATION N | IUMBER ▼ CIT | YA | STATE ▲ ZIP CODE ▲ |
| C C00136531 | | S THIS NEW (N) OF | AMENDED (A) |
| 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (July 15 Quarterly Report (October 15 Quarterly Report (January 31 Year-End Report (X July 31 Mid-Year Report (Non-electi Year Only) (MY) Termination Report (TER) | Report Due On: Mar Apr (c) 12-Day PRE-Election Report for the: (Q3) (d) 30-Day POST-Election Report for the: | General (30G) | Sep 20 (M9) Sep 20 (M9) Sep 20 (M9) Dec 20 (M12 (Non-Election Year Only) |
| | 01 01 2015 | | M / D D / Y Y Y Y Y Y Y 30 2015 |
| Signature of Treasurer | rer Katherine Jenkins therine Jenkins | [Electronically Filed] | Date 07 / D D / Y D Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | neous, or incomplete information | n may subject the person signing | g this Report to the penalties of 2 U.S.C. §437g. |
| Office Use | | | FEC FORM 3X Rev. 12/2004 |

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name National Democratic Policy Committee 01 01 2015 06 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 3889.72 January 1, 2015 (b) Cash on Hand at 3889.72 Beginning of Reporting Period..... 240.00 240.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 4129.72 4129.72 6(a) and 6(c) for Column B)..... 252.00 252.00 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 3877.72 3877.72 (subtract Line 7 from Line 6(d)).....

9. Debts and Obligations Owed **TO**the Committee (Itemize all on
Schedule C and/or Schedule D)......

0.00

Debts and Obligations Owed BY
 the Committee (Itemize all on Schedule C and/or Schedule D)

449726.38

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Democratic Policy Committee

| Report Covering the Period: From: 01 01 2015 To: 06 30 2015 | | | | |
|---|-------------------|-----------------------|--|--|
| I. Receipts COLUMN A | | | | |
| <u> </u> | Total This Period | Calendar Year-to-Date | | |
| Contributions (other than loans) From: (a) Individuals/Persons Other | | | | |
| Than Political Committees | | | | |
| (i) Itemized (use Schedule A) | 0.00 | 0.00 | | |
| (i) Romizod (doc concedio /tj | | | | |
| (ii) Unitemized | 240.00 | 240.00 | | |
| (iii) TOTAL (add | | | | |
| Lines 11(a)(i) and (ii)▶ | 240.00 | 240.00 | | |
| | | | | |
| (b) Political Party Committees | 0.00 | 0.00 | | |
| (c) Other Political Committees | | | | |
| (such as PACs) | 0.00 | 0.00 | | |
| (d) Total Contributions (add Lines | | | | |
| 11(a)(iii), (b), and (c)) (Carry | | 040.00 | | |
| Totals to Line 33, page 5)▶ | 240.00 | 240.00 | | |
| . Transfers From Affiliated/Other | | | | |
| Party Committees | 0.00 | 0.00 | | |
| | 0.00 | 0.00 | | |
| 3. All Loans Received | 0.00 | 0.00 | | |
| | | | | |
| Loan Repayments Received | 0.00 | 0.00 | | |
| 6. Offsets To Operating Expenditures | | | | |
| (Refunds, Rebates, etc.) | 0.00 | 0.00 | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 | | |
| Refunds of Contributions Made to Federal Candidates and Other | | | | |
| Political Committees | 0.00 | 0.00 | | |
| Other Federal Receipts | 0.00 | 0.00 | | |
| (Dividends, Interest, etc.) | 0.00 | 0.00 | | |
| 3. Transfers from Non-Federal and Levin Funds | 0.00 | 3.00 | | |
| (a) Non-Federal Account | | | | |
| (from Schedule H3) | 0.00 | 0.00 | | |
| , | 7 | 4 | | |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 | | |
| (b) Leviii i dilas (iloiti Schedule 115) | | | | |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 | | |
| (6) 1014: 114:0000 (444:10(4) 4:14:10(2)). | 7 | | | |
| . Total Receipts (add Lines 11(d), | | | | |
| 12, 13, 14, 15, 16, 17, and 18(c))▶ | 240.00 | 240.00 | | |
| . Total Federal Receipts | | | | |
| (subtract Line 18(c) from Line 19)▶ | 240.00 | 240.00 | | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | | II. Disbursements COLUMN A Total This Period | |
|-------------------|--|--|-----------------------|
| | xpenditures: ed Federal/Non-Federal (from Schedule H4) | . Star Tillo I Silou | Calendar Year-to-Date |
| - | deral Share | 0.00 | 0.00 |
| () | | 200 | 0.00 |
| ` ' | n-Federal Share Federal Operating | 0.00 | 0.00 |
| | litures | 252.00 | 252.00 |
| - | perating Expenditures | | |
| | I(a)(i), (a)(ii), and (b))▶ | 252.00 | 252.00 |
| | Affiliated/Other Party | 0.00 | 0.00 |
| Contribution | | | |
| and Other F | Political Committees | 0.00 | 0.00 |
| - | t Expenditures ule E) | 0.00 | 0.00 |
| Coordinated | Partv Expenditures | | |
| (use Sched | 441a(d)) ule F) | 0.00 | 0.00 |
| Lasa Divi | | 0.00 | 0.00 |
| Loan Repay | ments Made | 0.00 | 0.00 |
| Loans Made | <u>,</u> | 0.00 | 0.00 |
| (a) Individu | Contributions To: uals/Persons Other | | 0.00 |
| Than P | olitical Committees | 0.00 | 0.00 |
| (b) Politica | I Party Committees | 0.00 | 0.00 |
| | Political Committees | | |
| (such a | as PACs) | 0.00 | 0.00 |
| (d) Total C | ontribution Refunds | | |
| (add Li | nes 28(a), (b), and (c))▶ | 0.00 | 0.00 |
| Other Birt | | | 0.00 |
| Other Disbu | rsements | 0.00 | 0.00 |
| Federal Ele | ction Activity (2 U.S.C. §431(20)) | | |
| ` ' | ed Federal Election Activity | | |
| | Schedule H6) eral Share | 0.00 | 0.00 |
| (1) 1 Cut | orar oriare | | |
| ` ' | vin" Share | 0.00 | 0.00 |
| . , | Election Activity Paid Entirely | 0.00 | 0.00 |
| | th Federal Fundsederal Election Activity (add | 0.00 | |
| . , | 30(a)(i), 30(a)(ii) and 30(b))▶ | 0.00 | 0.00 |
| Total Dish | | | |
| | sements (add Lines 21(c), 22, 26, 27, 28(d), 29 and 30(c)) | 252.00 | 252.00 |
| _0, _ 1, _0, | ,,, and oo(o/) | 202.00 | 232.00 |
| | al Disbursements | | |
| | ne 21(a)(ii) and Line 30(a)(ii) | 252.00 | 252.00 |
| HOIH LINE 3 | 1) | 232.00 | 232.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Ex- | COLUMN A | COLUMN B |
|---|-------------------|-----------------------|
| penditures | Total This Period | Calendar Year-to-Date |
| 3. Total Contributions (other than loans) (from Line 11(d), page 3) | 240.00 | 240.00 |
| 4. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 240.00 | 240.00 |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 252.00 | 252.00 |
| 7. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36) | 252.00 | 252.00 |

| SCHEDULE B (FEC Form 3X) | Liea canarata cahadula/a | .\ | FOR LINE NUMBER: PAGE 6 OF 144 | | | |
|--|--|-------------------|--------------------------------|------------------------|--|--|
| ITEMIZED DISBURSEMENTS | Use separate schedule(s for each category of the Detailed Summary Page | (official offiny | one) 22 23 28a 28b | 24 25 26 28c 29 30 | | |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the nam | | | | | | |
| NAME OF COMMITTEE (In Full) National Democratic Policy Commit | • | icai committee to | Solicit Contributions II | om such committee. | | |
| Full Name (Last, First, Middle Initial) | | | | | | |
| A. EFT CORPORATION | | | Date of Disburseme | | | |
| Mailing Address 2911 DIXWELL AVE | | | 01 05 | 2015 | | |
| HAMDEN | State Zip Code CT 06518 | | Transaction ID : (| 01000013301000012202 | | |
| Purpose of Disbursement EFT PROCESSING FEE | | | Amount of Each Di | sbursement this Period | | |
| Candidate Name | | Category/ Type | | 40.00 | | |
| | nent For: Primary General Other (specify) ▼ | | | | | |
| State: District: | | | | | | |
| Full Name (Last, First, Middle Initial) B. EFT CORPORATION | | | Date of Disburseme | | | |
| Mailing Address 2911 DIXWELL AVE | | | 02 05 | 2015 | | |
| HAMDEN | State Zip Code CT 06518 | | Transaction ID : 0 | 01000013401000012302 | | |
| Purpose of Disbursement EFT PROCESSING FEE | | | Amount of Each Di | sbursement this Period | | |
| Candidate Name | | Category/ Type | | 40.00 | | |
| | nent For: Primary General Other (specify) | | | | | |
| Full Name (Last, First, Middle Initial) C. EFT CORPORATION | | | Date of Disburseme | | | |
| Mailing Address 2911 DIXWELL AVE | | | 03 / 05 | 2015 | | |
| HAMDEN | State Zip Code CT 06518 | | Transaction ID : (| 01000013501000012402 | | |
| Purpose of Disbursement EFT PROCESSING FEE Candidate Name | | Category/ | Amount of Each Di | sbursement this Period | | |
| | nent For: Primary General Other (specify) | Туре | | 40.00 | | |
| State: District: | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only). | | | | 120.00 | | |

| SCHEDULE B (FEC Form 3X) | llos concrete cohodulo(s) | | _ | OR LINE NUMBER: PAGE 7 OF 144 | | | | | |
|--|---|-----------|--------------------|-------------------------------|-------------|-------------|---------|----------|----------|
| ITEMIZED DISBURSEMENTS | for each category of Detailed Summary F | the | (check only 21b 27 | one) 22 28a | 23 28b | 24 28c | | 25 29 | 26 30 |
| Any information copied from such Reports and Statem or for commercial purposes, other than using the nam | | | | | | | | | |
| NAME OF COMMITTEE (In Full) National Democratic Policy Commit | | political | Somminge 10 | JOHOIL COI | ia ibudo is | , IIOIII 5U | GII GUI | | <u> </u> |
| Full Name (Last, First, Middle Initial) | | | | 5 | 5 | | | | |
| A. EFT CORPORATION | | | | Date of | Disburse | | | Y | |
| Mailing Address 2911 DIXWELL AVE | | | | 04 | / D C | 5 | 201 | | |
| HAMDEN | State Zip Code CT 06518 | | | Trans | action ID | : 010000 | 13601 | 00001 | 2502 |
| Purpose of Disbursement EFT PROCESSING FEE | | | | Amount | of Each | Disburse | ment t | this Pe | eriod |
| Candidate Name | | | Category/ Type | | | | | 40.0 |)0 |
| | nent For: Primary Gene Other (specify) ▼ | eral | | | | | | | |
| State: District: | | | | | | | | | |
| Full Name (Last, First, Middle Initial) B. EFT CORPORATION | | | | | Disburse | | | | |
| Mailing Address 2911 DIXWELL AVE | | | | 05 | / D |)5 | 20 | 15 | |
| • | State Zip Code CT 06518 | | | Trans | action ID | : 010000 | 13701 | 00001 | 2602 |
| Purpose of Disbursement EFT PROCESSING FEE | | | | Amount | of Each | Disburse | ment t | this Pe | eriod |
| Candidate Name | | | Category/ Type | | | | | 40.0 | 00 |
| | nent For: Primary Gene Other (specify) ▼ | eral | | | | | | | |
| Full Name (Last, First, Middle Initial) C. EFT CORPORATION | | | | | Disburse | | | | _ |
| Mailing Address 2911 DIXWELL AVE | | | | 06 | / D | 5 | 201 | | |
| HAMDEN | State Zip Code CT 06518 | | | Trans | action ID | : 010000 | 13801 | 00001 | 2702 |
| Purpose of Disbursement EFT PROCESSING FEE Candidate Name | | | | Amount | of Each | Disburse | ment t | this Pe | eriod |
| | | | Category/ Type | | | | | 40.0 |)0 |
| | nent For: Primary ☐ General G | eral | | | | | | | |
| SUBTOTAL of Disbursements This Page (optional) | | | | | | | | 120.0 | 00 |
| TOTAL This Period (last page this line number only). | | | | | | , | | 240.0 |)0 |

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

| | | Detailed Su | ımmary Page | FOR LINE 13 OF FORM 3X |
|---|-----------------------------|-------------------------|----------------|-------------------------------------|
| AME OF COMMITTEE (In Full) | | • | Transa | ction ID : LOAN0010000004 |
| National Democratic Policy Comr | nittee | | | |
| LOAN SOURCE Full Name (Last, First, M | Middle Initial) | [PERSON | AL FUNDS] | Election: |
| HARVEY E. HASCALL | | | | Primary General |
| Mailing Address 2137 S 1150 EAST | | | | Other (specify) |
| 2137 3 1130 EA31 | | | | |
| City BOUNTIFUL | | ode 84010 | | |
| Original Amount of Loan | Cumulative Payment To | Date | Balanc | e Outstanding at Close of This Peri |
| 1000.00 | | 0.00 |) | 1000.00 |
| TERMS Date Incurred | Date Due | | Interest Rate | Secured: |
| 12 22 1986 | | 1987 | 0.00 | % (apr) Yes X |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Emp | ployer | |
| Mailing Address | | Occupation | | |
| | | Amount | | |
| City State | ZIP Code | Guaranteed Outstanding: | | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Emp | ployer | |
| | | | | |
| Mailing Address | | Occupation | | |
| | 715.0 | Amount | | |
| City State | ZIP Code | Guaranteed Outstanding: | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Emp | ployer | |
| Mailing Address | | Occupation | | |
| - | | | | |
| City State | ZIP Code | Amount Guaranteed | | |
| City | ZIF Code | Outstanding: | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Emp | ployer | |
| Mailing Address | | Occupation | | |
| | | Amount | | |
| City State | ZIP Code | Amount Guaranteed | | |
| _ | | Outstanding: | | |
| | | | | |
| SUBTOTALS This Period This Page (optiona | l) | | · [] | 1000.00 |
| OTALS This Period (last page in this line o | nly) | | <u> </u> | |
| Carry outstanding balance only to LINE 3, S | chedule D. for this line If | no Schedule I | D. carry forwa | rd to appropriate line of Summary |
| , Januarianing Duranios Siny to Ente 0, 0 | , uno mio. II | | _,, | where have mis or our minuty |

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 OF 144

| | | Detailed Sur | mmary Page | FOR LINE 13 OF FORM 3X |
|---|------------------------------|--------------------------------------|----------------|---------------------------------------|
| AME OF COMMITTEE (In Full) | | • | Transa | ction ID : LOAN000002009 |
| National Democratic Policy Comm | | | | |
| LOAN SOURCE Full Name (Last, First, M ALBERT E MC NAIR | liddle Initial) | [PERSONA | AL FUNDS] E | Election: Primary General |
| Mailing Address 1657 EDDY DR | | | | Other (specify) ▼ |
| City NORTH TONAWANDA | State NY ZIP Cod | de 14120 | | |
| Original Amount of Loan | Cumulative Payment To | Date | Balance | e Outstanding at Close of This Period |
| 1000.00 | | 0.00 | | 1000.00 |
| TERMS Date Incurred | Date Due | | nterest Rate | Secured: |
| M 09 / 24 / 1984 | | 1984 | 0.00 | % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | |
| Full Name (Last, First, Middle Initial) | | Name of Emp | loyer | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | · · · · · | 7 |
| 2. Full Name (Last, First, Middle Initial) | | Name of Emp | loyer | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | , | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Emp | loyer | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Emp | loyer | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| SUBTOTALS This Period This Page (optional | ·) | | . | 1000.00 |
| OTALS This Period (last page in this line or | ıly) | | · [. | |
| Carry outstanding balance only to LINE 3, Se | chedule D, for this line. If | no Schedule D | , carry forwar | d to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

e schedule(s)
PAGE 10 OF 144
egory of the
nmary Page
FOR LINE 13 OF FORM 3X

| | Detailed Sulfilliary Fage |
|--|---|
| AME OF COMMITTEE (In Full) | Transaction ID : LOAN0000002886 |
| National Democratic Policy Committee | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) | [PERSONAL FUNDS] Election: |
| ESTHER E. WILSON | Primary General |
| Mailing Address 6241 WARNER #132 | Other (specify) ▼ |
| | Code 92647 |
| Original Amount of Loan Cumulative Payment 1 | To Date Balance Outstanding at Close of This Period |
| 5000.00 | 0.00 5000.00 |
| TERMS Date Incurred Date Due | e Interest Rate Secured: |
| M 04 / 30 / 1984 M 04 30 / Y | 1985 1200.00 % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) to Loan Source | |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP Code | Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP Code | Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP Code | Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP Code | Guaranteed Outstanding: |
| 1 | |
| SUBTOTALS This Period This Page (optional) | > 5000.00 |
| OTALS This Period (last page in this line only) | > |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. | If no Schedule D, carry forward to appropriate line of Summary. |

Use separate sch for each category

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X

| | | Detailed Summary Pag | ge TON EINE 13 OF FORING 3X |
|---|------------------------------|--------------------------------------|---|
| AME OF COMMITTEE (In Full) | itt | Tra | nsaction ID : LOAN000003820 |
| lational Democratic Policy Con | шштее | | |
| LOAN SOURCE Full Name (Last, First MINEHART EDSEN | , Middle Initial) | [PERSONAL FUNDS | Primary General |
| Mailing Address 1949 S MANCHESTER A | AVE | | Other (specify) ▼ |
| City ANAHEIM | State CA ZIP C | ode 92802 | |
| Original Amount of Loan | Cumulative Payment T | o Date Ba | lance Outstanding at Close of This Period |
| 700.00 | | 0.00 | 700.00 |
| TERMS | Data Dua | Interest De | to Convent |
| Date Incurred M | Date Due | Interest Ra | |
| List All Endorsers or Guarantors (if ar | ny) to Loan Source | | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Stat | e ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Stat | e ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Stat | e ZIP Code | Amount Guaranteed Outstanding: | 9 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Stat | e ZIP Code | Amount Guaranteed Outstanding: | |
| UBTOTALS This Period This Page (optio | nal) | <u>+</u> | 700.00 |
| OTALS This Period (last page in this line | only) | > | |
| Carry outstanding balance only to LINE 3. | Schedule D, for this line. I | f no Schedule D. carry fo | rward to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Amount Guaranteed Outstanding: Name of Empl Mailing Address Occupation Amount Guaranteed Outstanding: Name of Empl Amount City State ZIP Code Occupation Amount Guaranteed Outstanding: Name of Empl Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Empl | Primary General Other (specify) ▼ Balance Outstanding at Close of This P 1250.00 nterest Rate Secured: 0.00 % (apr) Yes |
|--|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) Minehart Edden Mailing Address 1949 S MANCHESTER AVE SPACE 104 City Anaheim State CA ZiP Code 92802 Original Amount of Loan Cumulative Payment To Date TERMS Date Incurred Date Due In 1250.00 TERMS Date Incurred In 1250.00 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Name of Empl Amount Guaranteed Outstanding: Name of Empl | Primary General Other (specify) ▼ Balance Outstanding at Close of This P 1250.00 nterest Rate Secured: 0.00 % (apr) Yes Yes |
| Mailing Address 1949 S MANCHESTER AVE SPACE 104 City ANAHEIM State CA ZIP Code 92802 Original Amount of Loan Cumulative Payment To Date 1250.00 Date Due 10 10 12 12 13 14 15 15 16 17 18 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Empl Amount Guaranteed Outstanding: Name of Empl | Primary General Other (specify) ▼ Balance Outstanding at Close of This P 1250.00 nterest Rate Secured: 0.00 % (apr) Yes Yes |
| Mailing Address 1949 S MANCHESTER AVE SPACE 104 City ANAHEIM State CA ZIP Code 92802 Original Amount of Loan Cumulative Payment To Date 1250.00 0.00 TERMS Date Incurred Date Due In 12 / 1984 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Empl Mailing Address City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: 7. Full Name (Last, First, Middle Initial) Name of Empl Mailing Address City State ZIP Code Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Empl Mailing Address Occupation | General Other (specify) ▼ Balance Outstanding at Close of This P 1250.00 nterest Rate Secured: 0.00 % (apr) Yes Yes |
| City ANAHEIM State CA ZIP Code 92802 Original Amount of Loan Cumulative Payment To Date 1250.00 Date Due 109 120 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Name of Empl Mailing Address Occupation Amount City State ZIP Code City State ZIP Code Occupation Amount Guaranteed Outstanding: Name of Empl | Other (specify) ▼ Balance Outstanding at Close of This P 1250.00 nterest Rate Secured: 0.00 % (apr) Yes Yes |
| City ANAHEIM State CA ZIP Code 92802 Original Amount of Loan Cumulative Payment To Date 1250.00 Date Due 109 120 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Name of Empl Mailing Address Occupation Amount City State ZIP Code City State ZIP Code Occupation Amount Guaranteed Outstanding: Name of Empl | Balance Outstanding at Close of This P 1250.00 nterest Rate Secured: 0.00 % (apr) Yes |
| Original Amount of Loan 1250.00 Date Due Mailing Address Date Indian City State ZIP Code Mailing Address Occupation Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: Name of Empl | nterest Rate Secured: 0.00 % (apr) Yes |
| TERMS Date Incurred Date Due M 99 | nterest Rate Secured: 0.00 % (apr) Yes |
| TERMS Date Incurred Date Due In Moy 12 1984 List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Name of Empl | nterest Rate Secured: 0.00 % (apr) Yes |
| Date Incurred Date Due In Mo9 | 0.00 % (apr) Yes |
| List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Name of Empl Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Name of Empl | 0.00 % (apr) Yes |
| List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Empl Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl | % (apr) Yes |
| 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Name of Empl Name of Empl Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl | loyer |
| Mailing Address City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl | loyer |
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| Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl | loyer |
| City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl | |
| City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl | |
| Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Empl | |
| | |
| Mailian Addusa | loyer |
| Mailing Address Occupation | |
| Walling Address | |
| Amount | |
| City State ZIP Code Guaranteed Outstanding: | |
| 4. Full Name (Last, First, Middle Initial) Name of Empl | loyer |
| Mailing Address Occupation | |
| J. San J. | |
| Amount | |
| City State ZIP Code Guaranteed Outstanding: | |
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| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, | , carry forward to appropriate line of Summ |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | Detailed Sulfilliary Page |
|--|---|
| AME OF COMMITTEE (In Full) | Transaction ID : LOAN0000004982 |
| National Democratic Policy Committee | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) EUGENE L DRUSELL | [PERSONAL FUNDS] Election: Primary |
| Mailing Address 1704 SAWYER | General Other (specify) ▼ |
| | ZIP Code 91790 |
| Original Amount of Loan Cumulative Payn | |
| 1000.00 | 0.00 1000.00 |
| TERMS | |
| Date Incurred Da | te Due Interest Rate Secured: 1984 0.00 % (apr) Yes No |
| List All Endorsers or Guarantors (if any) to Loan Source | |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| COTALS This Period This Page (optional) | |
| Carry outstanding balance only to LINE 3, Schedule D, for this | line. If no Schedule D, carry forward to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | Detailed Summary Pa | ige TOTT LINE 13 OF TOTTWISK |
|--|-----------------------|--------------------------------------|--|
| AME OF COMMITTEE (In Full) | mmittaa | Tra | ansaction ID : LOAN000004983 |
| National Democratic Policy Cor | TITTITTEE | | |
| LOAN SOURCE Full Name (Last, Firs EUGENE L DRUSELL | t, Middle Initial) | [PERSONAL FUNDS | Primary |
| | | | General |
| Mailing Address 1704 SAWYER | | | Other (specify) |
| City WEST COVINA | State CA ZIP Co | ode 91790 | |
| Original Amount of Loan | Cumulative Payment To | Date Ba | alance Outstanding at Close of This Period |
| 1000.00 | | 0.00 | 1000.00 |
| TERMS Date Incurred | Date Due | Interest Ra | ate Secured: |
| 08 / 08 / 1984 | | V V V | % (apr) Yes X No |
| List All Endorsers or Guarantors (if a | ny) to Loan Source | | |
| 1. Full Name (Last, First, Middle Initial | 1) | Name of Employer | |
| Mailing Address | | Occupation | |
| City Sta | te ZIP Code | Amount Guaranteed Outstanding: | · · · · · · · · · · · · · · · · · · · |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Sta | te ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Sta | te ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Sta | te ZIP Code | Amount Guaranteed Outstanding: | 7 |
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| Carry outstanding balance only to LINE 3 | | | orward to appropriate line of Summary |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | Detailed Summary I | Page | FOR LINE 13 OF FORM 3X |
|--|------------------------------|--------------------------------------|------------|------------------------------------|
| AME OF COMMITTEE (In Full) | | 1 | Fransactio | n ID : LOAN000005986 |
| National Democratic Policy Comn | | | | |
| LOAN SOURCE Full Name (Last, First, M BILL SUEDKAMP | fiddle Initial) | [PERSONAL FUN | | ion: Primary General |
| Mailing Address 1211 DOUGLAS HWY | | | | Other (specify) ▼ |
| City GILLETTE | State WY ZIP Cod | de 82716 | | |
| Original Amount of Loan | Cumulative Payment To | Date | Balance O | utstanding at Close of This Period |
| 1000.00 | | 0.00 | | 1000.00 |
| TERMS Date Incurred | Date Due | Interest | Rate | Secured: |
| 09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | V V V | 0.00 | % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | , | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | 9 1 1 1 1 1 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
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| Carry outstanding balance only to LINE 3, So | chedule D, for this line. If | no Schedule D, carry | forward to | appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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| | | Detailed Summary F | Page | FOR LINE 13 OF FORM 3X |
|--|------------------------------|--------------------------------------|-------------|----------------------------------|
| AME OF COMMITTEE (In Full) | | 1 | ransaction | ID : LOAN000005987 |
| National Democratic Policy Comn | | | | |
| LOAN SOURCE Full Name (Last, First, MBILL SUEDKAMP | Middle Initial) | [PERSONAL FUNI | Pı | n: rimary eneral |
| Mailing Address 1211 DOUGLAS HWY | | | O | ther (specify) ▼ |
| City GILLETTE | State WY ZIP Cod | de 82716 | | |
| Original Amount of Loan | Cumulative Payment To | Date | Balance Out | standing at Close of This Period |
| 1000.00 | | 0.00 | | 1000.00 |
| TERMS Date Incurred | Date Due | Interest | Rate | Secured: |
| 10 / 18 / 1984 | | V V V | 0.00 | % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | . , |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| SUBTOTALS This Period This Page (optiona | I) | > | | 1000.00 |
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| Carry outstanding balance only to LINE 3, S | chedule D, for this line. If | no Schedule D, carry | forward to | appropriate line of Summary. |

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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| NAME OF COMMITTEE (In Full) | 0 | Tr | ansaction ID : LOAN000006929 |
|-----------------------------------|---------------------------------------|-------------------------|--|
| National Democratic Polic | y Committee | | |
| LOAN SOURCE Full Name (La | st, First, Middle Initial) | [PERSONAL FUND | S1 Election: |
| HENRY C MAYBERRY | , | [I ENGONAL I OND | Primary |
| | | | General |
| Mailing Address 8071 E 19TH ST | | | Other (specify) ▼ |
| 332 | | | |
| City WESTMINSTER | State CA ZIP Co | ode 92683 | |
| Original Amount of Loan | Cumulative Payment To | Date B | alance Outstanding at Close of This Period |
| | 500.00 | 0.00 | 500.00 |
| | 500.00 | 0.00 | 500.00 |
| TERMS | | | |
| Date Incurred | Date Due | | ate Secured: |
| 10 25 198 | | 1985 | .00 (apr) Yes X No |
| | | | % (apr) Yes X No |
| List All Endorsers or Guaranto | rs (if any) to Loan Source | | |
| 1. Full Name (Last, First, Middl | | Name of Employer | |
| | | | |
| Mailing Address | | Occupation | |
| | | | |
| | | Amount | |
| City | State ZIP Code | Guaranteed | |
| | | Outstanding: | |
| 2. Full Name (Last, First, Middle | Initial) | Name of Employer | |
| Mailing Address | | Occupation | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City | State ZIP Code | Guaranteed | |
| | 0000 | | 7 7 |
| 3. Full Name (Last, First, Middle | Initial) | Name of Employer | |
| | | | |
| Mailing Address | | Occupation | |
| | | | |
| | | Amount | |
| City | State ZIP Code | Guaranteed | |
| | | Outstanding: | , |
| 4. Full Name (Last, First, Middle | Initial) | Name of Employer | |
| Mailing Address | | Occupation | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City | State ZIP Code | Amount Guaranteed | |
| | 211 0000 | Outstanding: | 7 |
| | | | |
| | | | |
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| TOTALS This Period (last page in | this line only) | | |
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| | | Detailed Suffillary F | age · · · · · · · · · · · · · · · · · · |
|--|------------------------------|--------------------------------|---|
| AME OF COMMITTEE (In Full) National Democratic Policy Cor | nmittee | Т | ransaction ID : LOAN0000007139 |
| valional Democratic Policy Cor | mmuee | | |
| LOAN SOURCE Full Name (Last, First RONALD TAI HO CHOI | t, Middle Initial) | [PERSONAL FUND | SJ Election: Primary |
| | | | General |
| Mailing Address 35797 BLAIR PL | | | Other (specify) |
| City FREMONT | State CA ZIP C | Code 94536 | |
| Original Amount of Loan | Cumulative Payment 1 | To Date E | salance Outstanding at Close of This Period |
| 500.00 | | 0.00 | 500.00 |
| TERMS Date Incurred | Date Du | e Interest F | Rate Secured: |
| 09 / 28 / 1984 | 09 / 28 | / V V | .00 % (apr) Yes No |
| List All Endorsers or Guarantors (if a | ny) to Loan Source | | |
| Full Name (Last, First, Middle Initial | • • | Name of Employer | |
| Mailing Address | | Occupation | |
| City Sta | te ZIP Code | Amount Guaranteed Outstanding: | 7 7 |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Sta | te ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Sta | te ZIP Code | Amount Guaranteed Outstanding: | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City Sta | te ZIP Code | Guaranteed Outstanding: | 7 |
| | | - | 500.00 |
| UBTOTALS This Period This Page (option | | | 500.00 |
| OTALS This Period (last page in this line | | | orward to appropriate line of Community |
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Use separate schedul for each category of to Detailed Summary Pa

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X

| LOAN SOURCE Full Nar ROBERT C MCKINNEY | ne (Last, First, Mid | dle Initial) | [PERSONAL FUNDS | g Election: Primary General |
|---|----------------------|-----------------|--------------------------------------|---|
| Mailing Address PO BOX | 3245 | | | Other (specify) |
| City SEAL BEACH | | State CA 2 | ZIP Code 90740 | |
| Original Amount of Loan | | Cumulative Paym | ent To Date Ba | lance Outstanding at Close of This Period |
| | 1000.00 | | 0.00 | 1000.00 |
| TERMS Date Incurr | red. | Dat | e Due Interest Ra | ate Secured: |
| 10 22 | 1984 | 10 / 22 | 1985 | |
| List All Endorsers or Gua | | Loan Source | | |
| Full Name (Last, First, | Middle Initial) | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 2. Full Name (Last, First, | Middle Initial) | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 3. Full Name (Last, First, | Middle Initial) | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 4. Full Name (Last, First, | Middle Initial) | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: | 7 7 |
| | | | | 1000.00 |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | Detailed Summa | ary Page | FOR LINE 13 OF FORM 3X |
|--|------------------------------|--------------------------------------|--------------|---------------------------------------|
| AME OF COMMITTEE (In Full) | | • | Transac | ction ID : LOAN0000009557 |
| National Democratic Policy Comn | nittee | | | |
| LOAN SOURCE Full Name (Last, First, M ROBERT LOFTUS | /liddle Initial) | [PERSONAL F | FUNDS] E | lection: Primary General |
| Mailing Address 2446 N SUMMIT | | | | Other (specify) |
| City DECATUR | State IL ZIP Cod | de 62526 | | |
| Original Amount of Loan | Cumulative Payment To | Date | Balance | e Outstanding at Close of This Period |
| 1000.00 | ,, | 0.00 | | 1000.00 |
| TERMS Date Incurred | Date Due | Inter | est Rate | Secured: |
| M 06 / 05 / 1984 | | 1985 | 0.00 | % (apr) Yes No |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | |
| Full Name (Last, First, Middle Initial) | | Name of Employe | er | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | , | 7 |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employe | er | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employe | er | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employe | er | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| SUBTOTALS This Period This Page (optiona | l) | > | | 1000.00 |
| OTALS This Period (last page in this line or | nly) | > | | |
| Carry outstanding balance only to LINE 3, S | chedule D, for this line. If | no Schedule D, ca | arry forward | d to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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| | Detailed Summary Fage 1 011 = 10 01 1 01111 071 |
|---|---|
| AME OF COMMITTEE (In Full) | Transaction ID : LOAN0000010472 |
| National Democratic Policy Committee | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) SCOTT BEARD | [PERSONAL FUNDS] Election: Primary General |
| Mailing Address 4125 HAWTHORNE | Other (specify) ▼ |
| City DALLAS State TX | ZIP Code 75202 |
| Original Amount of Loan Cumulative Payr | ment To Date Balance Outstanding at Close of This Period |
| 1000.00 | 0.00 1000.00 |
| TERMS Date Incurred Da | te Due Interest Rate Secured: |
| 04 | / 1984 0.00 % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) to Loan Source | |
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
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| Carry outstanding balance only to LINE 3, Schedule D, for this | line. If no Schedule D, carry forward to appropriate line of Summary. |

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the FOR LINE 13 OF FORM 3X

| | | Detailed Summary Pag | e FOR LINE 13 OF FORM 3X |
|---|-------------------------------|--------------------------------------|---|
| ME OF COMMITTEE (In Full) | mittoo | Trar | nsaction ID : LOAN0000010652 |
| ational Democratic Policy Com | mittee | | |
| LOAN SOURCE Full Name (Last, First, NANCY J STEINER | Middle Initial) | [PERSONAL FUNDS] | Election: Primary General |
| Mailing Address 2809 GREER RD | | | Other (specify) ▼ |
| City PALO ALTO | State CA ZIP C | ode 94303 | |
| Original Amount of Loan | Cumulative Payment To | | ance Outstanding at Close of This Perio |
| 1000.00 | | 0.00 | 1000.00 |
| TERMS | Date Due | Interest Rat | e Secured: |
| Date Incurred 12 | 12 / 12 / Y | 1987 0.00 | |
| List All Endorsers or Guarantors (if any | r) to Loan Source | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 77 |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 99 |
| JBTOTALS This Period This Page (option | al) | > | 1000.00 |
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| arry outstanding balance only to LINE 3, | Schedule D. for this line. It | no Schedule D. carry for | ward to appropriate line of Summary |

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FOR LINE 13 OF FORM 3X

| | | Detailed Summary Pag | FOR LINE 13 OF FORM 3X |
|---|------------------------------|--------------------------------------|--|
| ME OF COMMITTEE (In Full) ational Democratic Policy Cor | nmittee | Trai | nsaction ID : LOAN0000011262 |
| - | | | |
| LOAN SOURCE Full Name (Last, First RAY BRANDENBERG | t, Middle Initial) | [PERSONAL FUNDS] | Election: Primary General |
| Mailing Address 1303 AMORETTI | | | Other (specify) ▼ |
| City THERMOPOLIS | State WY ZIP (| Code 82443 | |
| Original Amount of Loan | Cumulative Payment | | ance Outstanding at Close of This Period |
| 200.00 | | 0.00 | 200.00 |
| TERMS | | | |
| Date Incurred Mark | Date Du | le Interest Rat | |
| List All Endorsers or Guarantors (if a | ny) to Loan Source | | |
| 1. Full Name (Last, First, Middle Initial |) | Name of Employer | |
| Mailing Address | | Occupation | |
| City Stat | te ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Stat | te ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Stat | te ZIP Code | Amount Guaranteed Outstanding: | , , , , , , , , |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Stat | te ZIP Code | Amount Guaranteed Outstanding: | 7 |
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| OTALS This Period (last page in this line | only) | > | |
| arry outstanding balance only to LINE 3 | . Schedule D. for this line. | If no Schedule D. carry for | ward to appropriate line of Summary. |

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| | | Detailed Summa | ary Page | FOR LINE 13 OF FORM 3X |
|---|------------------------------|-------------------------|--------------|-------------------------------------|
| AME OF COMMITTEE (In Full) | | | Transac | tion ID : LOAN0000011993 |
| National Democratic Policy Comm | | | | |
| LOAN SOURCE Full Name (Last, First, M JACKSON B BREEZE | liddle Initial) | [PERSONAL F | UNDSJE | ection: |
| JACKSON B BREEZE | | | | Primary General |
| Mailing Address 419 QUARTZ ST | | | | Other (specify) ▼ |
| | 710.0 | | | |
| City REDWOOD CITY | | de 94062 | | 0 |
| Original Amount of Loan | Cumulative Payment To | Date | Balance | Outstanding at Close of This Period |
| 1000.00 | | 0.00 | <u> </u> | 1000.00 |
| TERMS Date Incurred | Date Due | Inter | est Rate | Secured: |
| 11 / 30 / 1984 | 03 / 02 / Y | 1985 | 0.00 | % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | |
| Full Name (Last, First, Middle Initial) | | Name of Employe | er | |
| Mailing Address | | Occupation | | |
| | | Amount | | |
| City State | ZIP Code | Guaranteed Outstanding: | | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employe | er | |
| | | | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed | | |
| Gity | ZIF Code | Outstanding: | - 1 | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employe | er | |
| Mailing Address | | Occupation | | |
| | | Amount | | |
| City State | ZIP Code | Guaranteed Outstanding: | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employe | er | |
| Mailing Address | | Occupation | | |
| | | Amount | | |
| City State | ZIP Code | Guaranteed Outstanding: | | |
| <u>l</u> | | | | |
| SUBTOTALS This Period This Page (optional |) | > | | 1000.00 |
| OTALS This Period (last page in this line or | nly) | > | | , , , , , , , , |
| Carry outstanding balance only to LINE 3, So | chedule D, for this line. If | no Schedule D, ca | arry forward | d to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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| | | Detailed Summary | Page | FOR LINE 13 OF FORM 3X |
|--|------------------------------|--------------------------------------|------------|------------------------------------|
| AME OF COMMITTEE (In Full) | | • | Transactio | n ID : LOAN0000012031 |
| National Democratic Policy Comn | | | | |
| LOAN SOURCE Full Name (Last, First, MRICHARD ROPER | fliddle Initial) | [PERSONAL FUN | | ion: Primary General |
| Mailing Address 630 W DUARTE RD #33 | | | | Other (specify) |
| City MONROVIA | State CA ZIP Cod | de 91016 | | |
| Original Amount of Loan | Cumulative Payment To | Date | Balance O | utstanding at Close of This Period |
| 1000.00 | | 0.00 | | 1000.00 |
| TERMS Date Incurred | Date Due | Interest | Rate | Secured: |
| 05 31 1984 | | V V V | 0.00 | % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | , | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| SUBTOTALS This Period This Page (optional | l) | | | 1000.00 |
| OTALS This Period (last page in this line or | nly) | > | | |
| Carry outstanding balance only to LINE 3, S | chedule D, for this line. If | no Schedule D, carry | forward to | appropriate line of Summary. |

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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X

| NAME OF COMMITTEE (In Full) | Transaction ID : LOAN0000012946 |
|---|--|
| National Democratic Policy Committee | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) FLOYD T WRIGHT | [PERSONAL FUNDS] Election: Primary General |
| Mailing Address 4207 PATRICIA ST | Other (specify) ▼ |
| City FREMONT State CA ZIP Co | ode 94536 |
| Original Amount of Loan Cumulative Payment To | Date Balance Outstanding at Close of This Period |
| 1000.00 | 0.00 1000.00 |
| TERMS Date Incurred Date Due | Interest Rate Secured: |
| 08 | 1984 0.00 |
| List All Endorsers or Guarantors (if any) to Loan Source | |
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| SUBTOTALS This Period This Page (optional) | 1000.00 |
| TOTALS This Period (last page in this line only) | > |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If | no Schedule D, carry forward to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | Detailed Su | ımmary Page | FOR LINE 1 | 3 OF FORM 3X |
|---|------------------------------|--------------------------------------|----------------|---------------------------|----------------------|
| AME OF COMMITTEE (In Full) | | | Transa | ction ID : LOAN00 | 00013379 |
| National Democratic Policy Comn | | | | | |
| LOAN SOURCE Full Name (Last, First, MARGARET MAMULA | fliddle Initial) | [PERSON | IAL FUNDS] | Election: Primary General | |
| Mailing Address 4321 N EL BURRITO | | | | Other (specify) | ▼ |
| City TUCSON | State AZ ZIP Cod | de 85705 | | | |
| Original Amount of Loan | Cumulative Payment To | Date | Balanc | e Outstanding at C | close of This Period |
| 1000.00 | | 0.00 |) | | 1000.00 |
| TERMS Date Incurred | Date Due | | Interest Rate | | Secured: |
| M 06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | 1984 | 0.00 | % (apr) | Yes No |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | | |
| Full Name (Last, First, Middle Initial) | | Name of Em | ployer | | |
| Mailing Address | | Occupation | | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Emp | ployer | | |
| Mailing Address | | Occupation | | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Emp | ployer | | |
| Mailing Address | | Occupation | | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Emp | ployer | | |
| Mailing Address | | Occupation | | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | | |
| SUBTOTALS This Period This Page (optiona | l) | | · [| | 1000.00 |
| OTALS This Period (last page in this line or | nly) | | <u> </u> | | |
| Carry outstanding balance only to LINE 3, S | chedule D, for this line. If | no Schedule I | D, carry forwa | rd to appropriate | line of Summary. |

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

| | | Detailed Summary Pa | ge FOR LINE 13 OF FORM 3X |
|---|-------------------------------|--------------------------------------|--|
| AME OF COMMITTEE (In Full) | | Tra | ansaction ID : LOAN0000013410 |
| National Democratic Policy Comr | | | |
| LOAN SOURCE Full Name (Last, First, Marke) BILL DRAKE | Middle Initial) | [PERSONAL FUNDS | Election: Primary General |
| Mailing Address RT 4 BOX 126 | _ | | Other (specify) ▼ |
| City DEXTER | State MO ZIP Cod | de 63841 | |
| Original Amount of Loan | Cumulative Payment To | Date Ba | alance Outstanding at Close of This Period |
| 100.00 | | 0.00 | 100.00 |
| TERMS Date Incurred | Date Due | Interest Ra | ate Secured: |
| M 06 / 19 / 1984 | | 1984 0.0 | |
| List All Endorsers or Guarantors (if any | to Loan Source | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | .,, |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 9 |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 9 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | , , , , , , , , |
| SUBTOTALS This Period This Page (optional | ત્રી) | | 100.00 |
| TOTALS This Period (last page in this line o | nly) | > | |
| Carry outstanding balance only to LINE 3, S | Schedule D, for this line. If | no Schedule D, carry fo | orward to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | Detailed Summary | Page | FOR LINE 13 OF FORM 3X |
|--|-------------------------------|--------------------------------------|------------|-------------------------------------|
| AME OF COMMITTEE (In Full) | | | Transactio | on ID : LOAN0000017823 |
| National Democratic Policy Com | nittee | | | |
| LOAN SOURCE Full Name (Last, First, I HAROLD N LYNGE MD | Viiddle Initial) | [PERSONAL FUN | | tion: Primary General |
| Mailing Address 2 S 13TH ST | | | | Other (specify) ▼ |
| City SAN JOSSE | State CA ZIP Co | de 95112 | | |
| Original Amount of Loan | Cumulative Payment To | Date | Balance C | Outstanding at Close of This Period |
| 1000.00 | | 0.00 | | 1000.00 |
| TERMS Date Incurred | Date Due | Interest | Rate | Secured: |
| 08 / 08 / 1984 | | 1984 | 0.00 | % (apr) Yes X No |
| List All Endorsers or Guarantors (if any |) to Loan Source | | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 7 | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 7 | 7 |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| UBTOTALS This Period This Page (optional | al) | | | 1000.00 |
| OTALS This Period (last page in this line of | nly) | > | | 7 |
| Carry outstanding balance only to LINE 3, S | Schedule D, for this line. If | no Schedule D, carry | forward t | o appropriate line of Summary. |

Use separate schedule(s) for each category of the

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FOR LINE 13 OF FORM 3X

| | | Detailed Summary Pa | ige FOR LINE 13 OF FORM 3X |
|---|------------------------------|--------------------------------------|--|
| AME OF COMMITTEE (In Full) | | Tra | ansaction ID : LOAN0000018351 |
| National Democratic Policy Comn | | | |
| LOAN SOURCE Full Name (Last, First, M GREGORY R WOLF | fiddle Initial) | [PERSONAL FUNDS | Election: Primary General |
| Mailing Address 5258 CARTWRIGHT | _ | | Other (specify) ▼ |
| City NORTH HOLLYWOOD | State CA ZIP Cod | de 91601 | |
| Original Amount of Loan | Cumulative Payment To | Date Ba | alance Outstanding at Close of This Period |
| 300.00 | | 0.00 | 300.00 |
| TERMS Date Incurred | Date Due | Interest Ra | ate Secured: |
| 08 / 14 / 1984 | | VVV | 00 % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) | to Loan Source | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | , , , , , , , , , |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 9 |
| SUBTOTALS This Period This Page (optional | l) | | 300.00 |
| OTALS This Period (last page in this line or | ıly) | > | |
| Carry outstanding balance only to LINE 3, Se | chedule D, for this line. If | no Schedule D, carry fo | prward to appropriate line of Summary. |

Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

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|--|------------------------------|-------------------------|---|
| AME OF COMMITTEE (In Full) | nittoo | Т | ransaction ID : LOAN0000018352 |
| National Democratic Policy Comn | | | |
| LOAN SOURCE Full Name (Last, First, N | Middle Initial) | [PERSONAL FUND | |
| GREGORY R WOLF | | - | Primary |
| | | | General |
| Mailing Address 5258 CARTWRIGHT | | | Other (specify) ▼ |
| City NORTH HOLLYWOOD | | ode 91601 | |
| Original Amount of Loan | Cumulative Payment To | Date E | Balance Outstanding at Close of This Period |
| 100.00 | | 0.00 | 100.00 |
| TERMS Date Incurred | Date Due | Interest F | Rate Secured: |
| Man / Dad / Yayayay | M M / D D / Y | V V V | |
| 08 14 1984 | 11 14 | 1984 | % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) | to Loan Source | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | | |
| City | ZIP Code | Amount Guaranteed | |
| City State | ZIF Code | Outstanding: | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amazant | |
| City State | ZIP Code | Amount Guaranteed | |
| Oldie Oldie | Zii 0006 | Outstanding: | 9-1-9-1-8-1- |
| | | | |
| SUBTOTALS This Period This Page (optiona | l) | > | 100.00 |
| OTALS This Period (last page in this line or | nly) | > | |
| Carry outstanding balance only to LINE 3, S | chedule D, for this line. If | no Schedule D, carry 1 | forward to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | Detailed Sulfilliary F | age |
|--|---------------------------|-------------------------|---|
| AME OF COMMITTEE (In Full) | | Т | ransaction ID : LOAN0000018353 |
| National Democratic Policy Committ | | | |
| LOAN SOURCE Full Name (Last, First, Midd | e Initial) | [PERSONAL FUND | |
| GREGORY R WOLF | | | Primary |
| | | | General |
| Mailing Address 5258 CARTWRIGHT | | | Other (specify) ▼ |
| | | ode 91601 | |
| Original Amount of Loan | Cumulative Payment To | Date E | Balance Outstanding at Close of This Period |
| 100.00 | | 0.00 | 100.00 |
| TERMS | Date Due | Interest F | Poto Conwords |
| Date Incurred | Date Due | V V V | |
| | 1 14 | 1984 | 0.00 |
| List All Endorsers or Guarantors (if any) to | Loan Source | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | | |
| City State | ZIP Code | Amount Guaranteed | |
| City State | ZIF GOULE | Outstanding: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed | |
| | | Outstanding: | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | Amount | |
| City State | ZIP Code | Guaranteed | |
| | 0000 | Outstanding: | 7 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| | | | |
| City | 7ID Code | Amount | |
| City State | ZIP Code | Guaranteed Outstanding: | ,,,,,, |
| | | | |
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| Carry outstanding balance only to LINE 3, Schee | dule D, for this line. If | no Schedule D, carry f | forward to appropriate line of Summary. |

Use separate schedule(s) for each category of the

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| | | Detailed Summary | Page | FOR LINE 13 OF FORM 3X |
|---|------------------------------|--------------------------------------|-------------|-------------------------------------|
| AME OF COMMITTEE (In Full) | | | Transaction | on ID : LOAN0000018611 |
| National Democratic Policy Comm | nittee | | | |
| LOAN SOURCE Full Name (Last, First, M WILLIAM O MC KAY | fiddle Initial) | [PERSONAL FUN | IDS] Elec | ction: Primary General |
| Mailing Address 4627 W 137TH PL | | | | Other (specify) ▼ |
| City HAWTHORNE | State CA ZIP Cod | de 90250 | | |
| Original Amount of Loan | Cumulative Payment To | | Balance C | Outstanding at Close of This Period |
| 1000.00 | | 0.00 | | 1000.00 |
| TERMS Date Incurred | Date Due | Interest | Poto | Secured: |
| 08 17 1984 | | 1985 | 0.00 | % (apr) Yes No |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 7 | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 7 | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| UBTOTALS This Period This Page (optional | 1) | > | | 1000.00 |
| OTALS This Period (last page in this line or | าly) | > | | 7 7 |
| Carry outstanding balance only to LINE 3, Se | chedule D, for this line. If | no Schedule D, carry | forward 1 | to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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| | Detailed Summary Page |
|---|--|
| AME OF COMMITTEE (In Full) | Transaction ID : LOAN0000018612 |
| National Democratic Policy Committee | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) ALFRED MONTEROS | [PERSONAL FUNDS] Election: Primary General |
| Mailing Address 1210 W PUENTE AVE | Other (specify) ▼ |
| City WEST COVINA State CA ZIP Cod | de 91790 |
| Original Amount of Loan Cumulative Payment To | Date Balance Outstanding at Close of This Period |
| 1000.00 | 0.00 1000.00 |
| TERMS Date Incurred Date Due | Interest Rate Secured: |
| | 1984 O.00 % (apr) Yes No |
| List All Endorsers or Guarantors (if any) to Loan Source | |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| GUBTOTALS This Period This Page (optional) | > |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| ANAL OF COMMUTTEE (I. E. II) | To the Leavine Control of the Leavine Control |
|--|--|
| AME OF COMMITTEE (In Full) | Transaction ID : LOAN0000018817 |
| National Democratic Policy Committee | |
| LOAN SOURCE Full Name (Last, First, Middle Init | [|
| LEONARD K NITZ | Primary |
| BA-III Adduses | General Other (creeify) |
| Mailing Address 5343 CALLISTER AVE | Other (specify) ▼ |
| City SACRAMENTO State | |
| Original Amount of Loan Cumu | ulative Payment To Date Balance Outstanding at Close of This Period |
| 1000.00 | 0.00 1000.00 |
| TERMS Date Inquired | Date Due Interest Date Coursely |
| Date Incurred | Date Due Interest Rate Secured: |
| 08 20 1984 11 | 20 1984 0.00 % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) to Loan | Source |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP | Amount Code Guaranteed |
| J. J | Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| - | |
| 0.1. 7.10 | Amount |
| City State ZIP | Code Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| NA-III Address | Occurrenties. |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP | Code Guaranteed |
| | Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | · |
| 0.1. 7.0 | Amount |
| City State ZIP | Code Guaranteed Outstanding: |
| | |
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| OTALS This Period (last page in this line only) | ······ |
| Carry outstanding balance only to LINE 3, Schedule | D, for this line. If no Schedule D, carry forward to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | Detailed Summary Page 1 3 1 2 1 3 3 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 1 3 1 3 1 |
|--|---|
| AME OF COMMITTEE (In Full) | Transaction ID : LOAN0000019658 |
| National Democratic Policy Committee | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) WARREN BANDY | [PERSONAL FUNDS] Election: Primary General |
| Mailing Address 934 TAMARACK LN #6 | Other (specify) ▼ |
| City SUNNYVALE State CA | ZIP Code 94086 |
| Original Amount of Loan Cumulative Pa | ayment To Date Balance Outstanding at Close of This Period |
| 1000.00 | 0.00 |
| TERMS Date Incurred | Date Due Interest Rate Secured: |
| M 09 / 06 / Y 1984 12 / 06 | 0.00 |
| List All Endorsers or Guarantors (if any) to Loan Source | 3 |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
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| Carry outstanding balance only to LINE 3, Schedule D, for th | is line. If no Schedule D, carry forward to appropriate line of Summary. |

SCHEDULE C (FEC Form 3X)

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | Detailed Summary Page | FOR LINE 13 OF FORM 3X |
|---|------------------------------|--------------------------------|---|
| ME OF COMMITTEE (In Full) ational Democratic Policy Cor | nmittoo | Tran | saction ID : LOAN0000019945 |
| ational Democratic Policy Col | ııııııtee | | |
| LOAN SOURCE Full Name (Last, First IAN MC CLASHAN | , Middle Initial) | [PERSONAL FUNDS] | Election: Primary General |
| Mailing Address 245 W LORRAINE ST A | PT 121 | | Other (specify) ▼ |
| City GLENDALE | State CA ZIP C | Code 91202 | |
| Original Amount of Loan | Cumulative Payment T | | ance Outstanding at Close of This Perio |
| 1500.00 | | 0.00 | 1500.00 |
| TERMS | | | |
| Date Incurred 10 10 1984 | Date Duc | e Interest Rate | |
| List All Endorsers or Guarantors (if a | ny) to Loan Source | | |
| 1. Full Name (Last, First, Middle Initial |) | Name of Employer | |
| Mailing Address | | Occupation | |
| City Sta | te ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Sta | te ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Sta | te ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Sta | te ZIP Code | Amount Guaranteed Outstanding: | 7 |
| JBTOTALS This Period This Page (option | nal) | <u> </u> | 1500.00 |
| OTALS This Period (last page in this line | only) | > | |
| arry outstanding halance only to LINE 3 | Schedule D. for this line. I | f no Schedule D. carry for | ward to appropriate line of Summary. |

SCHEDULE C (FEC Form 3X)

Use separate schedule(s) for each category of the Detailed Summary Page

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| | Detailed Summary Page 1 Off Line 13 Of 1 Offw 3X |
|--|--|
| COMMITTEE (In Full) | Transaction ID : LOAN0000021069 |
| I Democratic Policy Committee | |
| SOURCE Full Name (Last, First, Middle Initial) | [PERSONAL FUNDS] Election: |
| HARDING | Primary |
| | General |
| Address 815 N MADISON | Other (specify) |
| ERRE State SD | ZIP Code 57501 |
| al Amount of Loan Cumulation | ive Payment To Date Balance Outstanding at Close of This Period |
| 1000.00 | 0.00 1000.00 |
| Data Issues d | Pote Por |
| Date Incurred | Date Due Interest Rate Secured: |
| 27 1984 03 | 27 1985 0.00 % (apr) Yes X |
| Endorsers or Guarantors (if any) to Loan So | ource |
| Name (Last, First, Middle Initial) | Name of Employer |
| ling Address | Occupation |
| | Amount |
| State ZIP Cod | |
| | Outstanding: |
| Name (Last, First, Middle Initial) | Name of Employer |
| ng Address | Occupation |
| | Amount |
| State ZIP Cod | de Guaranteed Outstanding: |
| Name (Last, First, Middle Initial) | Name of Employer |
| ng Address | Occupation |
| | |
| 01.1. | Amount |
| State ZIP Cod | de Guaranteed Outstanding: |
| Name (Last, First, Middle Initial) | Name of Employer |
| ng Address | Occupation |
| | |
| State ZIP Cod | Amount Guaranteed |
| State ZIF COL | Outstanding: |
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| LS This Period This Page (optional) | |
| This Period (last page in this line only) | > |
| standing halance only to LINE 3. Schedulo D. f | for this line If no Schedule D. carry forward to appropriate line of Summers |
| This Period (last page in this line only) | |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | etalled Suffilliary F | age | | | 0, . |
|--|-----------------------|--------------------------------|------------|--------------------------|-------------|----------|
| AME OF COMMITTEE (In Full) National Democratic Policy Committee | | Т | ransaction | ID : LOAN00 | 00021171 | |
| iational Democratic Policy Committee | | | | | | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) MARILYN PEARSON | | [PERSONAL FUND | _ P | on: rimary General | | |
| Mailing Address RR 1 | | | | Other (specify) | ▼ | |
| City SPENCER State IA | ZIP Code g | 51301 | | | | |
| Original Amount of Loan Cumulat | ve Payment To Date | E | Balance Ou | tstanding at C | lose of Thi | s Period |
| 1000.00 | , , , , , | 100.00 | | , , | 900. | 00 |
| TERMS Date Incurred | Date Due | Interest F | Rate | | Secured: | |
| 09 / 28 / 1984 03 / O3 | | Y | 0.00 | % (apr) | Yes | No No |
| List All Endorsers or Guarantors (if any) to Loan So | ource | | | | | |
| Full Name (Last, First, Middle Initial) | Nar | me of Employer | | | | |
| Mailing Address | Occ | cupation | | | | |
| City State ZIP Co | de Gua | ount aranteed estanding: | | , | | |
| 2. Full Name (Last, First, Middle Initial) | Nar | me of Employer | | | | |
| Mailing Address | Occ | cupation | | | | |
| City State ZIP Co | de Gua | ount aranteed estanding: | | 7 | |] |
| 3. Full Name (Last, First, Middle Initial) | Nar | ne of Employer | | | | |
| Mailing Address | Occ | cupation | | | | |
| City State ZIP Co | de Gua | ount aranteed estanding: | | 7 | |] |
| 4. Full Name (Last, First, Middle Initial) | Nar | me of Employer | | | | |
| Mailing Address | Occ | cupation | | | | |
| City State ZIP Co | de Gua | ount aranteed standing: | | 7 | | |
| UBTOTALS This Period This Page (optional) OTALS This Period (last page in this line only) | | > | | , , | 900. | |
| Carry outstanding balance only to LINE 3, Schedule D, | or this line. If no S | chedule D, carry | forward to | appropriate | line of Sur | nmary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | Detailed Summary Page | FOR LINE 13 OF FORM 3X |
|---|------------------------------|---------------------------------|------------------------------------|
| ME OF COMMITTEE (In Full) ational Democratic Policy Col | mmittoo | Transacti | on ID : LOAN0000021412 |
| ational Democratic Policy Col | mmuee | | |
| LOAN SOURCE Full Name (Last, First MARJORIE CZECZOK | t, Middle Initial) | [PERSONAL FUNDS] | ction: Primary General |
| Mailing Address 820 LAKE ST S | | | Other (specify) ▼ |
| City KIRKLAND | State WA ZIP | Code 98033 | |
| Original Amount of Loan | Cumulative Payment | <u> </u> | Outstanding at Close of This Perio |
| 250.00 | | 50.00 | 200.00 |
| TERMS | D-1- D | Interest Date | 0 d |
| Date Incurred 10 25 1984 | Date Do | Interest Rate 1984 0.00 | Secured: % (apr) Yes X No |
| List All Endorsers or Guarantors (if a | • • | | |
| 1. Full Name (Last, First, Middle Initia | l) | Name of Employer | |
| Mailing Address | | Occupation | |
| City Sta | ite ZIP Code | Amount Guaranteed Outstanding: | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Sta | tte ZIP Code | Amount Guaranteed Outstanding: | , |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Sta | tte ZIP Code | Amount Guaranteed Outstanding: | , |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City Sta | ate ZIP Code | Amount Guaranteed Outstanding: | |
| JBTOTALS This Period This Page (option | onal) | <u> </u> | 200.00 |
| DTALS This Period (last page in this line | e only) | > | 7 |
| arry outstanding balance only to LINE 3 | 3. Schedule D. for this line | If no Schedule D. carry forward | to appropriate line of Summary |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| AME OF COMMITTEE (In Full) National Democratic Policy Committee | Trai | nsaction ID : LOAN0000022667 |
|--|--------------------------------------|---|
| · | | |
| LI CAN COURCE E II NE (Le LE EL MELLE LE TELLE MELLE M | | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) [PERSONAL FUNDS] ROBERT A FUDO | | Election: Primary General |
| Mailing Address 24922 MUIRLANDS SP 36 | | Other (specify) |
| City EL TORO State CA ZIP Co | ode 92630 | |
| Original Amount of Loan Cumulative Payment To | Date Bal | ance Outstanding at Close of This Period |
| 750.00 | 0.00 | 750.00 |
| TERMS Date Incurred Date Due | Interest Rat | e Secured: |
| | 1985 0.0 | |
| List All Endorsers or Guarantors (if any) to Loan Source | | |
| Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | 77 |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | 7 1 7 1 7 |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer | |
| Mailing Address | Occupation | |
| City State ZIP Code | Amount Guaranteed Outstanding: | 7 |
| GUBTOTALS This Period This Page (optional) | | 750.00 ward to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | Detailed Summary Pag | ge FOR LINE 13 OF FORM 3X |
|---|------------------------------|--------------------------------------|---|
| AME OF COMMITTEE (In Full) | | Tra | nsaction ID : LOAN0000023255 |
| National Democratic Policy Comr | | | |
| LOAN SOURCE Full Name (Last, First, MEITH J ORR | vliddle Initial) | [PERSONAL FUNDS | Primary General |
| Mailing Address 441 PUERTO PL | | | Other (specify) ▼ |
| City HAYWARD | State CA ZIP Cod | de 94541 | |
| Original Amount of Loan | Cumulative Payment To | Date Ba | lance Outstanding at Close of This Period |
| 500.00 | | 0.00 | 500.00 |
| TERMS Date Incurred | Date Due | Interest Ra | ite Secured: |
| 10 24 1984 | | 1984 0.0 | |
| List All Endorsers or Guarantors (if any) | to Loan Source | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | 9 9 |
| SUBTOTALS This Period This Page (optiona | al) | | 500.00 |
| TOTALS This Period (last page in this line o | nly) | | |
| Carry outstanding balance only to LINE 3, S | Chedule D, for this line. If | no Schedule D, carry fo | rward to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | Detailed Summary F | Page FOR LINE 13 OF F | ORM 3X |
|---|------------------------------|--------------------------------------|---------------------------------|-------------|
| AME OF COMMITTEE (In Full) | | T | Fransaction ID : LOAN00000233 | 00 |
| lational Democratic Policy Comr | nittee | | | |
| LOAN SOURCE Full Name (Last, First, M H WYVONNE LANDRY | Middle Initial) | [PERSONAL FUND | Primary General | |
| Mailing Address 18346 COLLINS ST #17 | | | Other (specify) | |
| City TARZANA | State CA ZIP Cod | de 91356 | | |
| Original Amount of Loan | Cumulative Payment To | Date E | Balance Outstanding at Close of | This Period |
| 800.00 | | 0.00 | | 800.00 |
| TERMS Date Incurred | Date Due | Interest I | Rate Secu | red: |
| 10 25 / 1984 | | V V V | 0.00 | res X No |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| UBTOTALS This Period This Page (optiona | ı) | > | | 800.00 |
| OTALS This Period (last page in this line of | nly) | > | | |
| Carry outstanding balance only to LINE 3, S | chedule D, for this line. If | no Schedule D, carry | forward to appropriate line of | Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | Detailed Sum | mary Page | FOR LINE 13 OF FORM 3X |
|--|------------------------------|-------------------------|--------------|---------------------------------------|
| AME OF COMMITTEE (In Full) | | | Transa | ction ID : LOAN0000023612 |
| National Democratic Policy Comn | | | | |
| LOAN SOURCE Full Name (Last, First, M | fiddle Initial) | [PERSONAL | . FUNDS] | Election: |
| JACOB S PAINTER | JACOB S PAINTER | | | Primary General |
| Mailing Address 4371 SUNRISE DR | | | | Other (specify) ▼ |
| City CASPER | State WY ZIP Cod | de 82604 | | |
| Original Amount of Loan | Cumulative Payment To | | Balanc | e Outstanding at Close of This Period |
| 250.00 | | 0.00 | | 250.00 |
| TERMS Date Incurred | Date Due | Int | terest Rate | Secured: |
| 10 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | 1985 | 0.00 | % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | |
| Full Name (Last, First, Middle Initial) | | Name of Emplo | yer | |
| Mailing Address | | Occupation | | |
| | | Amount | | |
| City State | ZIP Code | Guaranteed Outstanding: | L, | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Emplo | yer | |
| Mailing Address | | Occupation | | |
| | | Amount | | |
| City State | ZIP Code | Guaranteed Outstanding: | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Emplo | yer | |
| Mailing Address | | Occupation | | |
| | | Amount | | |
| City State | ZIP Code | Guaranteed Outstanding: | | 7 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Emplo | yer | |
| Mailing Address | | Occupation | | |
| | | Amount | | |
| City State | ZIP Code | Guaranteed Outstanding: | L, | |
| | | ı | | |
| SUBTOTALS This Period This Page (optional | i) | | | 250.00 |
| OTALS This Period (last page in this line or | ıly) | | | |
| Carry outstanding balance only to LINE 3, Se | chedule D, for this line. If | no Schedule D, | carry forwar | d to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | Detailed Summary P | Page FOR LINE 13 OF FO | RM 3X |
|---|------------------------------|--------------------------------------|-----------------------------------|------------|
| AME OF COMMITTEE (In Full) | | Т | Fransaction ID : LOAN0000023623 | |
| National Democratic Policy Comr | | | | |
| LOAN SOURCE Full Name (Last, First, I RONALD A BOWDEN | Middle Initial) | [PERSONAL FUND | DSJ Election: Primary General | |
| Mailing Address 46 SOMERSET AVE | | | Other (specify) ▼ | |
| City RIVERSIDE | State RI ZIP Cod | de 02915 | | |
| Original Amount of Loan | Cumulative Payment To | Date E | Balance Outstanding at Close of T | his Period |
| 1000.00 | | 0.00 | 100 | 0.00 |
| TERMS Date Incurred | Date Due | Interest F | Rate Secure | d: |
| 10 / 22 / 1984 | | V V V | 0.00 | s X No |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| SUBTOTALS This Period This Page (optiona | ul) | > [| 100 | 0.00 |
| TOTALS This Period (last page in this line o | nly) | > | | |
| Carry outstanding balance only to LINE 3, S | Chedule D, for this line. If | no Schedule D, carry 1 | forward to appropriate line of S | ummary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| AME OF COMMITTEE (In Full) National Democratic Policy Committee | Transaction ID : LOAN0000023624 |
|--|--|
| National Democratic Policy Committee | |
| tational Bomodiation only Committee | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) BRYCE JONES | [PERSONAL FUNDS] Election: Primary General |
| Mailing Address 213 W OAKRIDGE DR | Other (specify) |
| City FARMINGTON State UT ZIP Co | de 84025 |
| Original Amount of Loan Cumulative Payment To | Date Balance Outstanding at Close of This Period |
| 1000.00 | 0.00 1000.00 |
| TERMS Date Incurred Date Due | Interest Rate Secured: |
| | 1985 |
| List All Endorsers or Guarantors (if any) to Loan Source | |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| GUBTOTALS This Period This Page (optional) | > |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | Detailed S | Summary Page | FOR LINE 13 OF FORM 3X |
|---|------------------------------|--------------------------------------|----------------|---|
| AME OF COMMITTEE (In Full) | | - | Trans | action ID : LOAN0000023627 |
| National Democratic Policy Comr | | | | |
| LOAN SOURCE Full Name (Last, First, MRS BRYCE JONES | Middle Initial) | [PERSO | NAL FUNDS] | Election: Primary General |
| Mailing Address 213 W OAKRIDGE DR | | | | Other (specify) |
| City FARMINGTON | State UT ZIP Cod | de 84025 | | - |
| Original Amount of Loan | Cumulative Payment To | Date | Balan | nce Outstanding at Close of This Period |
| 1000.00 | | 0.0 | 00 | 1000.00 |
| TERMS Date Incurred | Date Due | | Interest Rate | Secured: |
| 10 / 22 / 1984 | | 1985 | 0.00 | % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | |
| Full Name (Last, First, Middle Initial) | | Name of En | nployer | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | 7 7 |
| 2. Full Name (Last, First, Middle Initial) | | Name of Em | nployer | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | 77 |
| 3. Full Name (Last, First, Middle Initial) | | Name of Em | nployer | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | 7 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Em | nployer | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| SUBTOTALS This Period This Page (optiona | l) | | | 1000.00 |
| OTALS This Period (last page in this line of | nly) | | > | |
| Carry outstanding balance only to LINE 3, S | chedule D, for this line. If | no Schedule | D, carry forwa | ard to appropriate line of Summary. |

SCHEDULE C (FEC Form 3X)

LOANS

Use separate so for each category Detailed Summer

Use separate schedule(s) for each category of the Detailed Summary Page PAGE 48 OF 144

FOR LINE 13 OF FORM 3X

| | , , |
|---|--|
| IAME OF COMMITTEE (In Full) National Democratic Policy Committee | Transaction ID : LOAN0000023628 |
| LICAN COURCE E II Novembre E LA METER A SERVICIO | I Flack or |
| LOAN SOURCE Full Name (Last, First, Middle Initial) MRS DONALD MILLS | [PERSONAL FUNDS] Election: |
| Mailing Address 4495 WOODLAWN | Other (specify) |
| City BEAUMONT State TX ZIP Co. | de ₇₇₇₀₃ |
| Original Amount of Loan Cumulative Payment To | Date Balance Outstanding at Close of This Period |
| 500.00 | 0.00 500.00 |
| TERMS Date Incurred Date Due | Interest Rate Secured: |
| M 10 / 22 / 1984 10 / 22 / Y | 1985 0.00 % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) to Loan Source | |
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP Code | Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| | Amount |
| City State ZIP Code | Guaranteed Outstanding: |
| | |
| SUBTOTALS This Period This Page (optional) | 500.00 |
| TOTALS This Period (last page in this line only) | > |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If | no Schedule D, carry forward to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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| | | Detailed Summary | Page | FOR LINE 13 OF FORM 3X |
|---|------------------------------|--------------------------------------|-----------|-------------------------------------|
| AME OF COMMITTEE (In Full) | | | Transacti | ion ID : LOAN0000023683 |
| National Democratic Policy Comn | nittee | | | |
| LOAN SOURCE Full Name (Last, First, MAMY G BRAINARD | fiddle Initial) | [PERSONAL FUI | NDSJ Ele | ection: Primary General |
| Mailing Address 1202 S GLADYS AVE | | | | Other (specify) |
| City SAN GABRIEL | State CA ZIP Cod | de 91776 | | |
| Original Amount of Loan | Cumulative Payment To | Date | Balance | Outstanding at Close of This Period |
| 1000.00 | | 0.00 | | 1000.00 |
| TERMS Date Incurred | Date Due | Interes | t Rata | Secured: |
| 10 25 / 1984 | | 1985 | 0.00 | % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) | to Loan Source | | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | - T | 7 |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | | |
| UBTOTALS This Period This Page (optional | 1) | > | | 1000.00 |
| OTALS This Period (last page in this line or | nly) | > | | 7 1 7 1 7 |
| Carry outstanding balance only to LINE 3, Se | chedule D, for this line. If | no Schedule D, carr | y forward | to appropriate line of Summary. |

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

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| JAMES HOWARD PETERS | ne (Last, First, Mic | Idle Initial) | [PERSONAL FUNDS] | Primary General |
|----------------------------------|----------------------|-----------------|--------------------------------------|--|
| Mailing Address 2380 GRANADA AVE | | | Other (specify) ▼ | |
| City LONG BEACH | | State CA Z | IP Code 90815 | |
| Original Amount of Loan | | Cumulative Paym | ent To Date Bal | ance Outstanding at Close of This Period |
| | 1000.00 | , | 0.00 | 1000.00 |
| TERMS Date Incurre | ad | Date | e Due Interest Rat | te Secured: |
| 11 26 / N | 1984 | 05 26 | 1985 0.0 | |
| ist All Endorsers or Gua | | Loan Source | | |
| 1. Full Name (Last, First, | Middle Initial) | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: | 9 9 |
| 2. Full Name (Last, First, | Middle Initial) | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: | 7.1.7.1.8.1 |
| 3. Full Name (Last, First, | Middle Initial) | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: | 7 1 1 7 1 1 7 |
| 1. Full Name (Last, First, | Middle Initial) | | Name of Employer | |
| Mailing Address | | | Occupation | |
| City | State | ZIP Code | Amount Guaranteed Outstanding: | 7 |
| | | | | 1000.00 |

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 51 OF 144

FOR LINE 13 OF FORM 3X

| | | Detailed Summary Pag | e FOR LINE 13 OF FORM 3X |
|--|------------------------------|--------------------------------------|---|
| ME OF COMMITTEE (In Full) | amittaa | Trar | nsaction ID : LOAN0000024908 |
| ational Democratic Policy Com | | | |
| LOAN SOURCE Full Name (Last, First, LARS THELANDER | Middle Initial) | [PERSONAL FUNDS] | Election: Primary General |
| Mailing Address 14 MOUNT CASTLE PL | | | Other (specify) ▼ |
| City JOHNSON CITY | State TN ZIP C | ode 37601 | |
| Original Amount of Loan | Cumulative Payment T | o Date Bala | ance Outstanding at Close of This Perio |
| 500.00 | , , , , , | 0.00 | 500.00 |
| TERMS Date Incurred | Date Due | e Interest Rat | e Secured: |
| 11 02 1984 | 02 / 02 | 1985 0.00 | 0 % (apr) Yes X No |
| List All Endorsers or Guarantors (if an | y) to Loan Source | | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | e ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | e ZIP Code | Amount Guaranteed Outstanding: | 7 |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | e ZIP Code | Amount Guaranteed Outstanding: | , , , , , , , , , |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | e ZIP Code | Amount Guaranteed Outstanding: | <u></u> |
| JBTOTALS This Period This Page (option | nal) | > | 500.00 |
| OTALS This Period (last page in this line | only) | > | |
| arry outstanding balance only to LINE 3, | Schedule D. for this line. I | f no Schedule D. carry for | ward to appropriate line of Summary. |

SCHEDULE C (FEC Form 3X)

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | Detailed Summary Page FOR LINE 13 OF FORM 3X |
|---|-------------------------------|--|
| ME OF COMMITTEE (In Full) | | Transaction ID: LOAN0000025202 |
| ational Democratic Policy Co | ommittee | |
| LOAN SOURCE Full Name (Last, Fi ALMA G UBER | rst, Middle Initial) | [PERSONAL FUNDS] Election: Primary General |
| Mailing Address 3447 STERNE ST | | Other (specify) ▼ |
| | Chata | Code |
| City SAN DIEGO | | Code 92106 To Date Balance Outstanding at Close of This Peri |
| Original Amount of Loan | Cumulative Payment | Balance Outstanding at Close of This Pen |
| 500.0 | 0 | 0.00 500.00 |
| TERMS Date Incurred | Date D | ue Interest Rate Secured: |
| 11 07 1984 | | 1985 0.00 % (apr) Yes X |
| List All Endorsers or Guarantors (if | any) to Loan Source | |
| 1. Full Name (Last, First, Middle Init | ial) | Name of Employer |
| Mailing Address | | Occupation |
| City | tate ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initia | al) | Name of Employer |
| Mailing Address | | Occupation |
| City S | tate ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initia | al) | Name of Employer |
| Mailing Address | | Occupation |
| • | tate ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initia | al) | Name of Employer |
| Mailing Address | | Occupation |
| City S | tate ZIP Code | Amount Guaranteed Outstanding: |
| IBTOTALS This Period This Page (op | <u> </u> | |
| arry outstanding balance only to LINE | 3, Schedule D. for this line. | If no Schedule D, carry forward to appropriate line of Summary |

SCHEDULE C (FEC Form 3X)

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 53 OF 144

FOR LINE 13 OF FORM 3X

| | | Detailed Suffillary F | age |
|---|-------------------------------|--------------------------------------|---|
| AME OF COMMITTEE (In Full) National Democratic Policy Comi | mittee | т | ransaction ID: LOAN0000026096 |
| national Democratic Folicy Com | IIIIIIGG | | |
| LOAN SOURCE Full Name (Last, First, GABRIEL DICK | Middle Initial) | [PERSONAL FUND | Election: Primary General |
| Mailing Address BOX 274 | | | Other (specify) |
| City CARMEL | State CA ZIP Co | ode 93921 | |
| Original Amount of Loan | Cumulative Payment To | Date E | Balance Outstanding at Close of This Period |
| 500.00 | | 0.00 | 500.00 |
| TERMS Date Incurred | Date Due | Interest F | Rate Secured: |
| 11 30 1984 | 12 / 30 / Y | V V V | 0.00 % (apr) Yes X No |
| List All Endorsers or Guarantors (if any |) to Loan Source | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | |
| 2. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | , , , , , , , , , |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | |
| Mailing Address | | Occupation | |
| City State | ZIP Code | Amount Guaranteed Outstanding: | |
| UBTOTALS This Period This Page (optional | | | 500.00 |
| Carry outstanding balance only to LINE 3, \$ | Schedule D, for this line. If | no Schedule D, carry f | orward to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 54 OF 144

FOR LINE 13 OF FORM 3X

| | Deta | led Summary P | age | TOTT LINE | 13 01 1 011 | IVI JA |
|--|---------------------------|---------------|-------------|------------------------|--------------|---------------------------------|
| E OF COMMITTEE (In Full) | | Т | ransaction | ID : LOAN00 | 000032658 | |
| tional Democratic Policy Committee | | | | | | |
| OAN SOURCE Full Name (Last, First, Middle Initial) OHN PRICE | [PE | RSONAL FUND | Pr | n: rimary eneral | | |
| Mailing Address 101 S COTTAGE RD | | | Ot | ther (specify) | ▼ | |
| State VA | ZIP Code 221 | 0 | | | | |
| Original Amount of Loan Cumulative | Payment To Date | E | Balance Out | standing at (| Close of Thi | is Period |
| 750.00 | , , | 0.00 | | , | 750 | .00 |
| ERMS | Data Dua | Interest F | Poto | | Coourad | |
| | Date Due 1986 | Interest F |).00 | % (apr) | Secured: | No |
| ist All Endorsers or Guarantors (if any) to Loan Sour | ce | | | | | |
| . Full Name (Last, First, Middle Initial) | | of Employer | | | | |
| Mailing Address | Occup | ition | | | | |
| City State ZIP Code | Amour Guarar Outsta | teed | -,- | -,- | | |
| . Full Name (Last, First, Middle Initial) | Name | of Employer | | | | |
| Mailing Address | Occup | tion | | | | |
| City State ZIP Code | Amour Guarai Outsta | teed | 7 | 7 | | |
| . Full Name (Last, First, Middle Initial) | Name | of Employer | | | | |
| Mailing Address | Occup | ition | | | | |
| City State ZIP Code | Amour Guarai Outsta | teed | 7 | 7 | | |
| . Full Name (Last, First, Middle Initial) | Name | of Employer | | | | |
| Mailing Address | Occup | ition | | | | |
| City State ZIP Code | Amour Guarar Outsta | teed | 7 | 7 | /6 | |
| TALS This Period This Page (optional) | | > | forward to | appropriate | 41400 | .00 |
| | | > | forward to | appropria | ate | 750 41400 ate line of Sur |

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 55 OF 144 FOR LINE NUMBER: (check only one)

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|----|---|-----------------|--------------------------|--|
| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | ee | | |
| | A. Full Name (Last, First, Middle Initial) of Debtor AIRBORNE FREIGHT CORP. | r or Creditor | | Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE |
| İ | Mailing Address P O BOX 662 | | | |
| | City State SEATTLE | Zip Code WA | 98111 | |
| | Outstanding Balance Beginning This Period | | | Transaction ID : INV6010000112089 |
| | 12.50 | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | , | 0.00 | 12.50 |
| | B. Full Name (Last, First, Middle Initial) of Debtor AMFAC HOTEL | or Creditor | | Nature of Debt (Purpose): ROOM RENTAL |
| ŀ | Mailing Address P O BOX 1926 | | | |
| | City State ALBUQUERQUE | Zip Code NM | 87119 | |
| | Outstanding Balance Beginning This Period 198.49 | | | Transaction ID : INV6010000112090 |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | , | 0.00 | 198.49 |
| | C. Full Name (Last, First, Middle Initial) of Debtor ARLINGTON HILTON | r or Creditor | | Nature of Debt (Purpose): ROOM RENTALS |
| İ | Mailing Address 2401 EAST LAMAR BOULEVAR | D | | |
| | City ARLINGTON | State TX | Zip Code 76011 | |
| | Outstanding Balance Beginning This Period | | | Transaction ID: INV6010000112363 |
| | 139.00 | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | 7 | 0.00 | 139.00 |
| 1) | SUBTOTALS This Period This Page (optional) | | | 349.99 |
| 2) | TOTALS This Period (last page this line number | only) | | <u> </u> |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C | C (last page or | nly) | > |
| 4) | ADD 2) and 3) and carry forward to appropriate I | line of Summa | ry Page (last page only) | > |

Excluding Loans

(Use separate schedule(s) for each

PAGE 56 OF 144 FOR LINE NUMBER: (check only one)

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| Lacidding Loans | | | numbered line) | X 10 |
|--|-----------------|----------------------|------------------------|---|
| NAME OF COMMITTEE (In Full) National Democratic Policy Committ | ee | | • | |
| A. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | | Nature of E EQUIPME | Debt (Purpose): NT RENTAL |
| Mailing Address 235 NORTH BROAD STREET | | | | |
| City State PHILADELPHIA | Zip Code PA | 19107 | | |
| Outstanding Balance Beginning This Period | | | Transact | ion ID : INV6010000112091 |
| 25.00 | | | | |
| Amount Incurred This Period 0.00 | Pay | ment This Period | Outstandi 0.00 | ing Balance at Close of This Period 25.00 |
| D. Fill Name (Last First Middle Initial) of Debte | Craditor | | Noture of F | N. I. J. (Dumana) |
| B. Full Name (Last, First, Middle Initial) of Debtor AUDIO VISUAL HEADQUARTE | | | | Debt (Purpose): NT RENTAL |
| Mailing Address 361 NORTH OAK STREET | | | | |
| City State INGLEWOOD | Zip Code CA | 90301 | | |
| Outstanding Balance Beginning This Period | | | Transac | tion ID : INV6010000112092 |
| 11.08 | | | | |
| Amount Incurred This Period | Pay | ment This Period | Outstandi | ing Balance at Close of This Period |
| 0.00 | | | 0.00 | 11.08 |
| C. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | | | Debt (Purpose): INT RENTAL |
| Mailing Address 1372 WYCLIFF AVE | | | | |
| City DALLAS | State TX | Zip Code 75207 | | |
| Outstanding Balance Beginning This Period 65.64 | | | Transac | tion ID : INV6010000112093 |
| Amount Incurred This Period | Pay | ment This Period | Outstandi | ing Balance at Close of This Period |
| 0.00 | , | | 0.00 | 65.64 |
| 1) SUBTOTALS This Period This Page (optional) | | | > [| 101.72 |
| 2) TOTALS This Period (last page this line number | r only) | | > | 7 |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C (last page or | าly) | } | 7 |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summa | ry Page (last page o | only) ► | |

Excluding Loans

(Use separate schedule(s) for each

PAGE 57 OF 144 FOR LINE NUMBER: (check only one)

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| Lacidding Loans | | | numbere | ea line) | X 10 |
|---|-----------------|---------------------|-------------|-----------------------------------|-----------------------------|
| NAME OF COMMITTEE (In Full) National Democratic Policy Committ | ee | | • | • | |
| A. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | | Na | ature of Debt (Pu | rpose): |
| BANK OF THE COMMONWEA | LTH | | N | IISC. EXPENSE | |
| Mailing Address PO BOX 32900 | | | | | |
| City State | Zip Code | | | | |
| DETROIT | MI | 48232 | | | |
| Outstanding Balance Beginning This Period | | | | Fransaction ID: | INV6010000112095 |
| 1430.00 | | | | | |
| Amount Incurred This Period | Pav | ment This Period | | Outstanding Bala | nce at Close of This Period |
| 0.00 | | | 0.00 | | 1430.00 |
| B. Full Name (Last, First, Middle Initial) of Debtor BELMONT RESTAURANT | or Creditor | | | ature of Debt (Pu OOM RENTALS | rpose): |
| Mailing Address 541 LEXINGTON AVE. | | | | | |
| City State | Zip Code | | | | |
| NEW YORK | NY | 10022 | | | |
| Outstanding Balance Beginning This Period | | | | Transaction ID | INV6010000112096 |
| 110.00 | 5 | | | 0 | . 0. (T.: D : 1 |
| Amount Incurred This Period | Pay | ment This Period | | Jutstanding Bala | nce at Close of This Period |
| 0.00 | | | 0.00 | | 110.00 |
| C. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | | | ature of Debt (Pu COOM RENTALS | rpose): |
| Mailing Address P.O. BOX 1440 | | | | | |
| City | State | Zip Code | | | |
| DENVER | CO | 80201 | | | |
| Outstanding Balance Beginning This Period | | | | Transaction ID | : INV6010000112097 |
| 273.00 | | | | | |
| Amount Incurred This Period | Pay | ment This Period | (| Outstanding Bala | nce at Close of This Period |
| 0.00 | , | | 0.00 | | 273.00 |
| 1) CURTOTAL C This Deviced This Device (anticare) | | | | | 1813.00 |
| 1) SUBTOTALS This Period This Page (optional) | | | | | 10.10.00 |
| 2) TOTALS This Period (last page this line number | only) | | > | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C (last page of | nly) | > | | |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summa | ary Page (last page | only) ▶ | | |

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(Use separate schedule(s) for each

PAGE 58 OF 144 FOR LINE NUMBER: (check only one)

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| Excluding Loans | | | numbered line) | X 10 |
|--|-----------------|--------------------|----------------------|------------------------------------|
| NAME OF COMMITTEE (In Full) National Democratic Policy Committee | е | | | j. · · l |
| A. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | | Nature of D | ebt (Purpose): |
| BRUKOFF, BERAS & STEWAR | T,P.C. | | ATTY FEES | S-ZIÈGLER/ĆONG |
| Mailing Address 3000 TOWN CENTER SUITE 2550 | | | | |
| City State | | | | |
| SOUTHFIELD | MI | 48075 | | |
| Outstanding Balance Beginning This Period | | | Transaction | on ID : INV6010000112099 |
| 285.00 | | | | |
| Amount Incurred This Period | Paym | ent This Period | Outstandir | ng Balance at Close of This Period |
| 0.00 | | 0. | 00 | 285.00 |
| B. Full Name (Last, First, Middle Initial) of Debtor of | or Creditor | | Nature of D | ebt (Purpose): |
| CAMPAIGNER PUBLICATIONS | I Oleunoi | | | LATIONS SERVICE |
| Mailing Address P.O. BOX 17726 | | | | |
| City State | Zip Code | | | |
| WASHINGTON | DC | 20041 | | |
| Outstanding Balance Beginning This Period | | | Transact | ion ID : INV6010000111880 |
| 2700.00 | | | | |
| Amount Incurred This Period | Paym | ent This Period | Outstandir | ng Balance at Close of This Period |
| | | | | |
| 0.00 | | 0.0 | 00 | 2700.00 |
| C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS | | | Nature of De RENT | ebt (Purpose): |
| Mailing Address P.O. BOX 17726 | | | | |
| City | State | Zip Code | | |
| WASHINGTON | DC | 20041 | | |
| Outstanding Balance Beginning This Period | | | Transact | ion ID : INV6010000111909 |
| 64.51 | | | | |
| Amount Incurred This Period | Paym | ent This Period | Outstandir | ng Balance at Close of This Period |
| | | | 4 1 1 1 | |
| 0.00 | | U. | .00 | 64.51 |
| 1) SUBTOTALS This Period This Page (optional) | | | • | 3049.51 |
| 2) TOTALS This Period (last page this line number o | nly) | | > | , , |
| 3) TOTAL OUTSTANDING LOANS from Schedule C | (last page only | <i>ι</i>) | > | |
| 4) ADD 2) and 3) and carry forward to appropriate lin | ne of Summary | Page (last page on | nly) ▶ | |

Excluding Loans

(Use separate schedule(s) for each

PAGE 59 OF 144 FOR LINE NUMBER: (check only one)

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| Lacidding Loans | | | numbered line) | X 10 | | | | |
|--|-------------------------|-------------------------|----------------|-------------------------------------|--|--|--|--|
| NAME OF COMMITTEE (In Full) National Democratic Policy Committee | ее | | | | | | | |
| • | | | | | | | | |
| A. Full Name (Last, First, Middle Initial) of Debtor | r or Creditor | | Nature of I | Debt (Purpose): | | | | |
| CAMPAIGNER PUBLICATIONS | CAMPAIGNER PUBLICATIONS | | | | | | | |
| Mailing Address P.O. BOX 17726 | | | | | | | | |
| City State | Zip Code | | | | | | | |
| WASHINGTON | DC | 20041 | | | | | | |
| Outstanding Delawar Deniming This Deviced | | | Transact | tion ID : INV6010000111912 | | | | |
| Outstanding Balance Beginning This Period | | | Trunsaoi | | | | | |
| 1567.00 | | | | | | | | |
| Amount Incurred This Period | Pay | ment This Period | Outstand | ing Balance at Close of This Period | | | | |
| 0.00 | | | 0.00 | 1567.00 | | | | |
| | 7 | 7 | | | | | | |
| B. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS | Nature of I ADVERTIS | Debt (Purpose): SING | | | | | | |
| Mailing Address P.O. BOX 17726 | | | | | | | | |
| City State | Zip Code | | | | | | | |
| WASHINGTON | DC | 20041 | | | | | | |
| Outstanding Balance Beginning This Period | | | Transac | etion ID : INV6010000111913 | | | | |
| 60.00 | | | | | | | | |
| Amount Incurred This Period | Pay | ment This Period | Outstand | ing Balance at Close of This Period | | | | |
| 0.00 | | , | 0.00 | 60.00 | | | | |
| C. Full Name (Last, First, Middle Initial) of Debto CAMPAIGNER PUBLICATIONS | | | | Debt (Purpose): | | | | |
| | | | | | | | | |
| Mailing Address P.O. BOX 17726 | | | | | | | | |
| City | State | Zip Code | | | | | | |
| WASHINGTON | DC | 20041 | | | | | | |
| Outstanding Balance Beginning This Period | | | Transac | etion ID : INV6010000111914 | | | | |
| 7316.85 | | | | | | | | |
| | _ | | | | | | | |
| Amount Incurred This Period | Pay | ment This Period | Outstand | ing Balance at Close of This Period | | | | |
| 0.00 | | | 0.00 | 7316.85 | | | | |
| SUBTOTALS This Period This Page (optional) | | | | 8943.85 | | | | |
| | | | | | | | | |
| 2) TOTALS This Period (last page this line number | O(11y) | | | 7 | | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule (| C (last page o | nly) | > | 7 7 7 | | | | |
| 4) ADD 2) and 3) and carry forward to appropriate | only) 🕨 | | | | | | | |

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

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|----|---|-------------------|--|-------------|---|
| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | е | | | |
| | A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS | 1 | Nature of Debt (Purpose): RENT | | |
| | Mailing Address P.O. BOX 17726 | | | | |
| | City State WASHINGTON | Zip Code DC | 20041 | | |
| | Outstanding Balance Beginning This Period | | | | Transaction ID : INV6010000111915 |
| | 800.00 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | | | 800.00 |
| | B. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS | | Nature of Debt (Purpose): PHOTOCOPIER USAGE | | |
| | Mailing Address P.O. BOX 17726 | | | | |
| ł | City State | Zip Code | | | |
| | WASHINGTON | DC | 20041 | | |
| | Outstanding Balance Beginning This Period | | | | Transaction ID : INV6010000111916 |
| | 250.00 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | 0 | 0.00 | 250.00 |
| • | C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS | | | | Nature of Debt (Purpose): TELECOMMUNICATIONS |
| | Mailing Address P.O. BOX 17726 | | | | |
| | City WASHINGTON | State DC | Zip Code 20041 | | |
| | Outstanding Balance Beginning This Period | | | | Transaction ID : INV6010000111917 |
| | 1000.00 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 1000.00 |
| 1) | SUBTOTALS This Period This Page (optional) | | | ▶ | 2050.00 |
| 2) | TOTALS This Period (last page this line number of | only) | | > | |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C | C (last page o | nly) | ▶ | |
| 4) | ADD 2) and 3) and carry forward to appropriate li | only) > | | | |

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 61 OF 144 FOR LINE NUMBER: (check only one)

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|--------------------------------|---|-----------------|--|-------------|---|
| Name of commit National Den | TTEE (In Full) nocratic Policy Committe | ee | | | |
| | Last, First, Middle Initial) of Debtor | N | Nature of Debt (Purpose): PRESS RELATIONS SERVICE | | |
| Mailing Address | P.O. BOX 17726 | | | | |
| City Si WASHINGTON | tate | Zip Code DC | 20041 | | |
| Outstanding I | Balance Beginning This Period | | | | Transaction ID : INV6010000111918 |
| | 8170.00 | | | | |
| Amou | nt Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | 0.00 | 8170.00 | | |
| | ast, First, Middle Initial) of Debtor GNER PUBLICATIONS | | lature of Debt (Purpose): ADVERTISING | | |
| Mailing Address | P.O. BOX 17726 | | | | |
| City Si WASHINGTON | tate | Zip Code DC | 20041 | | |
| Outstanding I | Balance Beginning This Period 1310.00 | | | | Transaction ID : INV6010000111919 |
| Amou | nt Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | , | 0 | 0.00 | 1310.00 |
| | (Last, First, Middle Initial) of Debto NIGNER PUBLICATIONS | | | | lature of Debt (Purpose): SUBSCRIPTIONS PURCHASE |
| Mailing Address | P.O. BOX 17726 | | | | |
| City WASHINGTON | | State DC | Zip Code 20041 | | |
| Outstanding I | Balance Beginning This Period | | | | Transaction ID: INV6010000111920 |
| | 11948.30 | | | | |
| Amou | nt Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 11948.30 |
| 1) SUBTOTALS | This Period This Page (optional) | | | ▶ | 21428.30 |
| 2) TOTALS This | Period (last page this line number | only) | | > | |
| 3) TOTAL OUTS | TANDING LOANS from Schedule (| C (last page or | nly) | ▶ | |
| 4) ADD 2) and 3 |) and carry forward to appropriate | only) ► | | | |

Excluding Loans

(Use separate schedule(s) for each numbered line)

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|--------------|--|---|-------------------|--|
| | al Democratic Policy Committe | е | | |
| | II Name (Last, First, Middle Initial) of Debtor AMPAIGNER PUBLICATIONS | Nature of Debt (Purpose): RENT | | |
| Mailing | Address P.O. BOX 17726 | | | |
| City WASH | State IINGTON | Zip Code DC | 20041 | |
| Outs | standing Balance Beginning This Period | | | Transaction ID : INV6010000111921 |
| | 800.00 | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | 800.00 | | |
| | Name (Last, First, Middle Initial) of Debtor | Nature of Debt (Purpose): PHOTOCOPIER USAGE | | |
| Mailing | Address P.O. BOX 17726 | | | |
| City | State | Zip Code | | |
| WASH | INGTON | DC | 20041 | |
| Outs | standing Balance Beginning This Period | | | Transaction ID: INV6010000111922 |
| | 250.00 | | | |
| | | Dov | ment This Deviced | Outstanding Release at Class of This Revised |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | 7 | 0.00 | 250.00 |
| | II Name (Last, First, Middle Initial) of Debtor AMPAIGNER PUBLICATIONS | | | Nature of Debt (Purpose): TELECOMMUNICATIONS |
| Mailing | Address P.O. BOX 17726 | | | |
| City WASH | HINGTON | State DC | Zip Code 20041 | |
| Outs | standing Balance Beginning This Period | | | Transaction ID : INV6010000111923 |
| | 1000.00 | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | 7 | 0.0 | 1000.00 |
| 1) SUBT | OTALS This Period This Page (optional) | | | 2050.00 |
| 2) TOTA | LS This Period (last page this line number | only) | | · |
| 3) ТОТА | L OUTSTANDING LOANS from Schedule C | C (last page or | nly) | • |
| 4) ADD | 2) and 3) and carry forward to appropriate I |) > | | |

Excluding Loans

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PAGE 63 OF 144 FOR LINE NUMBER: (check only one)

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| NAME OF COMMITTEE (In National Democrat | | ee | | | | |
| , | rst, Middle Initial) of Debto R PUBLICATION | | | | Nature of Debt (Purpose): PRESS RELATIONS SERVICE | |
| Mailing Address P.O. I | BOX 17726 | | | | | |
| City State WASHINGTON | | Zip Code DC | 20041 | | | |
| Outstanding Balance | Beginning This Period | | | | Transaction ID : INV6 | 010000111924 |
| , | | | | | | |
| Amount Incurr | red This Period | Pay | ment This Period | | Outstanding Balance a | at Close of This Period |
| | | , | 0.00 | | 8170.00 | |
| | st, Middle Initial) of Debtor R PUBLICATIONS | Nature of Debt (Purpose ADVERTISING | 9): | | | |
| Mailing Address P.O. E | 3OX 17726 | | | | | |
| City State WASHINGTON | | Zip Code DC | 20041 | | | |
| | Beginning This Period | | 20011 | | Transaction ID : INV | 2040000444025 |
| Outstanding Balance | 150.00 | | | | Transaction ID: INV | 0010000111925 |
| Amount Incurr | red This Period | Pay | ment This Period | | Outstanding Balance a | at Close of This Period |
| , | 0.00 | | , | 0.00 | | 150.00 |
| | rst, Middle Initial) of Debto | | | | Nature of Debt (Purpose ADVERTISING | 9): |
| Mailing Address P.O. I | BOX 17726 | | | | | |
| City WASHINGTON | | State DC | Zip Code 20041 | | | |
| Outstanding Balance | Beginning This Period | | | | Transaction ID : INV | 6010000111926 |
| | 30.00 | | | | | |
| Amount Incurr | red This Period | Pay | ment This Period | | Outstanding Balance a | at Close of This Period |
| | 0.00 | | , | 0.00 | | 30.00 |
| 1) SUBTOTALS This Per | iod This Page (optional) | | | > | | 8350.00 |
| 2) TOTALS This Period (| last page this line number | r only) | | | | 7 |
| 3) TOTAL OUTSTANDING | G LOANS from Schedule | C (last page o | nly) | > | , , | |
| 4) ADD 2) and 3) and ca | rry forward to appropriate | | , | | | |

Excluding Loans

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144

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 State Zip Code WASHINGTON 20041 Transaction ID: INV6010000111927 Outstanding Balance Beginning This Period 5852.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5852.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 City State Zip Code WASHINGTON DC 20041 Outstanding Balance Beginning This Period Transaction ID: INV6010000112054 13773.65 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 13773.65 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING** CAMPAIGNER PUBLICATIONS Mailing Address P.O. BOX 17726 Zip Code City State WASHINGTON DC 20041 Transaction ID: INV6010000112055 Outstanding Balance Beginning This Period 302.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 302 50 0.00 19928.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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PAGE 65 OF 144 FOR LINE NUMBER: (check only one)

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| AME OF COMMITTEE (In Full) | | | | |
| National Democratic Policy Committe | ee | | | |
| A. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | | Nature of De | ebt (Purpose): |
| CAMPAIGNER PUBLICATION | SUBSCRIP | TIONS PURCHASE | | |
| | | | | |
| Mailing Address P.O. BOX 17726 | | | | |
| City State | Zip Code | | | |
| WASHINGTON | DC | 20041 | | |
| Outstanding Balance Beginning This Period | | | Transaction | on ID : INV6010000112056 |
| 7910.00 | | | | |
| Amount Incurred This Period | Payme | nt This Period | Outstandir | ng Balance at Close of This Period |
| 0.00 | | 0 | 00 | 7910.00 |
| 0.00 | | 0. | | 7010.00 |
| B. Full Name (Last, First, Middle Initial) of Debtor | | | | ebt (Purpose): |
| CAMPAIGNER PUBLICATIONS | 3 | | ADVERTIS | ING |
| Mailing Address P.O. BOX 17726 | | | | |
| F.O. BOX 17720 | | | | |
| City State | Zip Code | 20044 | | |
| WASHINGTON | DC | 20041 | | |
| Outstanding Balance Beginning This Period | | | Transact | ion ID : INV6010000112057 |
| 40.00 | | | | |
| Amount Incurred This Period | Payme | nt This Period | Outstandir | ng Balance at Close of This Period |
| 0.00 | | 0. | 00 | 40.00 |
| | , | | | 7 |
| C. Full Name (Last, First, Middle Initial) of Debto | | | | ebt (Purpose): PTIONS PURCHASE |
| CAMPAIGNER PUBLICATION | 5 | | SUBSCRIP | TIONS FORGINGE |
| Mailing Address P.O. BOX 17726 | | | | |
| City | Chaha | 7:- Cada | | |
| City WASHINGTON | State DC | Zip Code 20041 | | |
| Outstanding Balance Beginning This Period | | | Transact | ion ID : INV6010000112058 |
| | | | Transact | 1011 1D : 1144 00 10000 1 12030 |
| 7989.60 | | | | |
| Amount Incurred This Period | Payme | nt This Period | Outstandir | ng Balance at Close of This Period |
| 0.00 | | 0. | 00 | 7989.60 |
| , | | | | , |
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| , SOBTOTALS THIS FEHOLITHIS Page (optional) | | | | 10000.00 |
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|) TOTAL OUTSTANDING LOANS from Schedule | (last page only) | | • | |
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Excluding Loans

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PAGE 66 OF 144 FOR LINE NUMBER: (check only one)

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| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | е | | | |
|----|---|----------------------|---|-------------------|---|
| | A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS | | Nature of Debt (Purpose): RENT | | |
| Ī | Mailing Address P.O. BOX 17726 | | | | |
| | City State WASHINGTON | Zip Code DC 20041 | | | |
| | Outstanding Balance Beginning This Period 800.00 | | | | Transaction ID : INV6010000112059 |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | C | 0.00 | 800.00 |
| | B. Full Name (Last, First, Middle Initial) of Debtor of CAMPAIGNER PUBLICATIONS | | Nature of Debt (Purpose): TELECOMMUNICATIONS | | |
| | Mailing Address P.O. BOX 17726 | | | | |
| | City State WASHINGTON | Zip Code DC | 20041 | | |
| | Outstanding Balance Beginning This Period 1000.00 | | | | Transaction ID : INV6010000112060 |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | 0 | 0.00 | 1000.00 |
| | C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS | | | | Nature of Debt (Purpose): RENT |
| | Mailing Address P.O. BOX 17726 | | | | |
| | City WASHINGTON | State DC | Zip Code 20041 | | |
| | Outstanding Balance Beginning This Period 800.00 | | | | Transaction ID : INV6010000112061 |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | (| 0.00 | 800.00 |
| 1) | SUBTOTALS This Period This Page (optional) | | | ····· > | 2600.00 |
| 2) | TOTALS This Period (last page this line number of | only) | | > | |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C | (last page or | nly) | > | |
| 4) | ADD 2) and 3) and carry forward to appropriate li | only) 🕨 | | | |

Excluding Loans

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| | ME OF COMMITTEE (In Full) ational Democratic Policy Committee | е | | | |
|----|---|----------------|---|-------------|---|
| | A. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS | | Nature of Debt (Purpose): TELECOMMUNICATIONS | | |
| | Mailing Address P.O. BOX 17726 | | | | |
| | City State WASHINGTON | Zip Code DC | 00044 | | |
| | Outstanding Balance Beginning This Period | | 20041 | | Transaction ID : INV6010000112062 |
| | 1000.00 | | | | |
| | Amount Incurred This Period | Pa | yment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | | 1000.00 | |
| • | B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAMPAIGNER PUBLICATIONS | | | | Nature of Debt (Purpose): RENT |
| | Mailing Address P.O. BOX 17726 | | | | |
| | City State WASHINGTON | Zip Code DC | 20041 | | |
| | Outstanding Balance Beginning This Period 800.00 | | | | Transaction ID : INV6010000112063 |
| | Amount Incurred This Period | Pa | yment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | 7 | 0.00 | 800.00 |
| | C. Full Name (Last, First, Middle Initial) of Debtor CAMPAIGNER PUBLICATIONS | | | | Nature of Debt (Purpose): TELECOMMUNICATIONS |
| | Mailing Address P.O. BOX 17726 | | | | |
| | City WASHINGTON | State DC | Zip Code 20041 | | |
| | Outstanding Balance Beginning This Period 1000.00 | | | | Transaction ID : INV6010000112064 |
| | Amount Incurred This Period | Pa | yment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 1000.00 |
| 1) | SUBTOTALS This Period This Page (optional) | | | > | 2800.00 |
| 2) | TOTALS This Period (last page this line number of | only) | | > | |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C | (last page o | only) | > | |
| 4) | ADD 2) and 3) and carry forward to appropriate lin | only) ▶ | | | |

Excluding Loans

(Use separate schedule(s) for each numbered line)

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144

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** CAPITOL PLAZA Mailing Address 240 WEST STATE STREET State Zip Code **TRENTON** 08608 Transaction ID: INV6010000112103 Outstanding Balance Beginning This Period 93.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 93.10 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** CAPITOL PLAZA HOTEL Mailing Address HOLIDAY INN 300 J STREET State City Zip Code **SACRRAMENTO** CA 95814 Outstanding Balance Beginning This Period Transaction ID: INV6010000112102 15.78 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 15.78 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112274 Outstanding Balance Beginning This Period 8023.57 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8023.57 0.00 8132.45 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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|---|-----------------|------------------------------|----------------|---------------------------------------|
| NAME OF COMMITTEE (In Full) National Democratic Policy Committee | ee | | • | |
| A. Full Name (Last, First, Middle Initial) of Debto | | | | Debt (Purpose): NNING FEES & EXPNS |
| Mailing Address PO BOX 748 RADIO CITY STATION | | | | |
| City State NEW YORK | Zip Code NY | 10101 | | |
| Outstanding Balance Beginning This Period | | | Transact | ion ID : INV6010000112275 |
| Amount Incurred This Period | Pay | ment This Period | Outstand | ing Balance at Close of This Period |
| 0.00 | | | 0.00 | 1529.35 |
| B. Full Name (Last, First, Middle Initial) of Debtor CAUCUS DISTRIBUTORS INC. | | Debt (Purpose): FICE RENT | | |
| Mailing Address PO BOX 748 RADIO CITY STATION | 7:- 0 | | | |
| City State NEW YORK | Zip Code NY | 10101 | | |
| Outstanding Balance Beginning This Period 2614.35 | | | Transac | tion ID : INV6010000112281 |
| Amount Incurred This Period | Pay | ment This Period | Outstand | ing Balance at Close of This Period |
| 0.00 | , | 7 | 0.00 | 2614.35 |
| C. Full Name (Last, First, Middle Initial) of Debto | | | | Debt (Purpose): C TELEPHONE USAGE |
| Mailing Address PO BOX 748 RADIO CITY STATION | | | | |
| City NEW YORK | State NY | Zip Code 10101 | | |
| Outstanding Balance Beginning This Period 9834.85 | | | Transac | tion ID : INV6010000112282 |
| Amount Incurred This Period | Pay | ment This Period | Outstand | ing Balance at Close of This Period |
| 0.00 | | | 0.00 | 9834.85 |
| 1) SUBTOTALS This Period This Page (optional) | | | <u>}</u> | 13978.55 |
| 2) TOTALS This Period (last page this line number | only) | | <u>+</u> | 7 |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C (last page or | nly) | } | 7 |
| 4) ADD 2) and 3) and carry forward to appropriate | only) ▶ | | | |

Excluding Loans

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144

NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112283 Outstanding Balance Beginning This Period 235.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 235.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112284 2614.35 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2614.35 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112285 Outstanding Balance Beginning This Period 7844.75 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 7844.75 0.00 10694.10 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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| | OF COMMITTEE (In Full) Onal Democratic Policy Committe | е | | | |
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | | | Debt (Purpose): FFICE RENT |
| CAUCUS DISTRIBUTORS INC. | | | | | FFICE RENT |
| Mai | ling Address PO BOX 748 RADIO CITY STATION | | | | |
| City | | Zip Code | | | |
| NE' | W YORK | NY | 10101 | | |
| c | Outstanding Balance Beginning This Period | | | Transac | ction ID : INV6010000112286 |
| | 2614.35 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outstan | ding Balance at Close of This Period |
| | 0.00 | | (| 0.00 | 2614.35 |
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC. | | | | | Debt (Purpose): C TELEPHONE USAGE |
| Mai | ling Address PO BOX 748 RADIO CITY STATION | | | | |
| City | State | Zip Code | | | |
| NE | W YORK | NY | 10101 | | |
| C | Outstanding Balance Beginning This Period 5250.00 | | | Transa | action ID : INV6010000112287 |
| 1 | | | | _ | |
| 1. | Amount Incurred This Period | Pay | ment This Period | Outstan | ding Balance at Close of This Period |
| | 0.00 | | (| 0.00 | 5250.00 |
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC. | | | | | Debt (Purpose): ANNING FEES & EXPNS |
| Mai | ling Address PO BOX 748 RADIO CITY STATION | | | | |
| City | , | State | Zip Code | | |
| NE | W YORK | NY | 10101 | | |
| C | Outstanding Balance Beginning This Period | | | Transa | action ID : INV6010000112288 |
| l L | 1131.71 | | | | |
| 1. | Amount Incurred This Period | Pay | ment This Period | Outstan | ding Balance at Close of This Period |
| L | 0.00 | | | 0.00 | 1151.71 |
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| 2) TO | TALS This Period (last page this line number of | only) | | > | 7 |
| 3) TO | TAL OUTSTANDING LOANS from Schedule C | (last page or | ıly) | > | |
| 4) AE | DD 2) and 3) and carry forward to appropriate I | ine of Summa | ry Page (last page o | only) ▶ | |

Excluding Loans

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| NAME OF COMMITTEE (In National Democrat | | ee | | | | | |
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC. | | | | | Nature of Debt (Purpose): FIELD OFFICE RENT | | |
| Mailing Address PO BO | OX 748 O CITY STATION | | | | | | |
| City State NEW YORK | | Zip Code NY | 10101 | | | | |
| Outstanding Balance | Beginning This Period | | | Transacti | on ID : INV6010000112289 | | |
| | 2614.35 | 2614.35 | | | | | |
| Amount Incurred This Period | | Payı | ment This Period | Outstandii | Outstanding Balance at Close of This Period | | |
| | 0.00 | | 0.0 | 00 | 2614.35 | | |
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC. | | | | | ebt (Purpose): TELEPHONE USAGE | | |
| Mailing Address PO BO | | | | | | | |
| | O CITY STATION | 7: O | | | | | |
| City State NEW YORK | | Zip Code NY | 10101 | | | | |
| Outstanding Balance | Beginning This Period | | | Transact | tion ID : INV6010000112290 | | |
| | 2296.00 | | | | | | |
| Amount Incurr | ed This Period | Payı | ment This Period | Outstandi | ng Balance at Close of This Period | | |
| | 0.00 | | 0.0 | 00 | 2296.00 | | |
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CAUCUS DISTRIBUTORS INC. | | | | | ebt (Purpose): CTELEPHONE USAGE | | |
| Mailing Address PO Bo | OX 748 | | | | | | |
| | O CITY STATION | Ctoto | 7in Codo | | | | |
| City NEW YORK | | State NY | Zip Code 10101 | | | | |
| Outstanding Balance | Beginning This Period | | | Transact | tion ID : INV6010000112291 | | |
| | 10085.00 | | | | | | |
| Amount Incurr | ed This Period | Payı | ment This Period | Outstandii | ng Balance at Close of This Period | | |
| | 0.00 | | 0.0 | 00 | 10085.00 | | |
| 1) SUBTOTALS This Peri | od This Page (optional) | | | <u> </u> | 14995.35 | | |
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| 3) TOTAL OUTSTANDING | C LOANS from Schedule | > | 7 | | | | |
| 4) ADD 2) and 3) and ca | rry forward to appropriate | line of Summar | ry Page (last page onl | y) ▶ | | | |

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112292 Outstanding Balance Beginning This Period 2200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2200.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112293 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112294 Outstanding Balance Beginning This Period 9170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9170.00 0.00 13370.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112295 Outstanding Balance Beginning This Period 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2000.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112296 9170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 9170.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MTG PLANNING FEES & EXPNS CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112297 Outstanding Balance Beginning This Period 2144.91 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2144.91 0.00 13314.91 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ADJUST 1986 TEL USAGE CHG CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 **RADIO CITY STATION** State Zip Code **NEW YORK** 10101 Transaction ID: INV6010000112298 Outstanding Balance Beginning This Period 18135.97 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 18135.97 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT** CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** NY 10101 Outstanding Balance Beginning This Period Transaction ID: INV6010000112299 2000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 2000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELEPHONE USAGE** CAUCUS DISTRIBUTORS INC. Mailing Address PO BOX 748 RADIO CITY STATION City State Zip Code **NEW YORK** 10101 NY Transaction ID: INV6010000112300 Outstanding Balance Beginning This Period 9170.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 9170.00 0.00 29305.97 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 76 OF 144
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| AME OF COMMITTEE (In Full) National Democratic Policy Committe | ee | | | | |
|--|---|---|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Debto | Nature of Debt (Purpose): MISC. EXPENSES | | | | |
| Mailing Address CCSI COLLECTION DEPARTMI P.O. BOX C5216 | | | | | |
| City State | Zip Code | | | | |
| MELVILLE | NY 11750 | | | | |
| Outstanding Balance Beginning This Period | | Transaction ID: INV6010000112302 | | | |
| 760.00 | | | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | | | |
| 0.00 | 0.00 | 760.00 | | | |
| B. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | Nature of Debt (Purpose): | | | |
| CLIFFORD B KOENIG | or oroano. | TRAVEL AND LODGING | | | |
| Mailing Address 7195 COOPER SPUR ROAD | | | | | |
| City State | Zip Code | | | | |
| MT HOOD/PARKDALE | OR 97041 | | | | |
| Outstanding Balance Beginning This Period | | Transaction ID: INV6010000112378 | | | |
| 556.76 | | | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | | | |
| 0.00 | 0.00 | 556.76 | | | |
| C. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | Nature of Debt (Purpose): ROOM RENTALS | | | |
| Mailing Address 123 E. POST RD. (RT 22) | | | | | |
| City WHITE PLAINS | State Zip Code NY 10610 | | | | |
| Outstanding Balance Beginning This Period | | Transaction ID: INV6010000112303 | | | |
| 120.00 | | | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | | | |
| | | | | | |
| 0.00 | 0.00 | 120.00 | | | |
|) SUBTOTALS This Period This Page (optional) | | 1436.76 | | | |
|) TOTALS This Period (last page this line number | only) | | | | |
|) TOTAL OUTSTANDING LOANS from Schedule | | | | | |
|) ADD 2) and 3) and carry forward to appropriate | line of Summary Page (last page only) | | | | |

Excluding Loans

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| NAME OF COMMITTEE (In Full) National Democratic Policy | Committee | | | |
| A. Full Name (Last, First, Middle Ini COACHMAN INN & R | | Nature of Debt (Purpose): ROOM RENTALS | | |
| Mailing Address 10 JACKSON DRIV | | | | |
| City State CRANFORD | | de IJ 07016 | | |
| Outstanding Balance Beginning Th | nis Period | | | Transaction ID : INV6010000112304 |
| 1: | 50.00 | | | |
| Amount Incurred This Period | od | Payment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | 7 | 0.00 | 150.00 |
| B. Full Name (Last, First, Middle Init DALE ANDERSON'S | ial) of Debtor or Creditor | r | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address 7041 FIRST AVE. | | | | |
| City State | Zip Co | | | |
| SCOTTSDALE | AZ | 85251 | | |
| Outstanding Balance Beginning Th | nis Period | | | Transaction ID : INV6010000112308 |
| 23 | 38.50 | | | |
| Amount Incurred This Perio | od | Payment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | 0.00 | 238.50 |
| C. Full Name (Last, First, Middle In DAVID JAY, ESQ. | tial) of Debtor or Credito | or | | Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES |
| Mailing Address ATTORNEY AT LA | W | | | |
| 120 DELAWARE A | VENUE, STE 100 State | Zip Code | | |
| BUFFALO | NY | 14202 | | |
| Outstanding Balance Beginning Th | nis Period | | | Transaction ID : INV6010000112373 |
| 3 | 06.35 | | | |
| Amount Incurred This Period | od | Payment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | , , , , , , , | 0.00 | 306.35 |
| 1) SUBTOTALS This Period This Page | e (optional) | | > | 694.85 |
| 2) TOTALS This Period (last page this | line number only) | | > | |
| 3) TOTAL OUTSTANDING LOANS fro | TOTAL OUTSTANDING LOANS from Schedule C (last page only) | | | 7 7 |
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Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **POSTAGE** DAVID KILBUR Mailing Address 1901 NORIEGA #5 State Zip Code SAN FRANCISCO 94122 Transaction ID: INV6010000112376 Outstanding Balance Beginning This Period 194.93 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 194.93 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTAL** DOUBLEWOOD INN BEST WESTERN Mailing Address 3333 13TH AVE. SOUTH City State Zip Code **FARGO** ND 58103 Outstanding Balance Beginning This Period Transaction ID: INV6010000113252 36.40 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 36.40 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 Zip Code City State DREXEL HILL 19026 PA Transaction ID: INV6010000114470 Outstanding Balance Beginning This Period 200.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 200.00 0.00 431.33 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 State Zip Code DREXEL HILL 19026 Transaction ID: INV6010000114471 Outstanding Balance Beginning This Period 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 915.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 City State Zip Code **DREXEL HILL** 19026 PΑ Outstanding Balance Beginning This Period Transaction ID: INV6010000114472 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 200.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 City State Zip Code DREXEL HILL 19026 PA Transaction ID: INV6010000114473 Outstanding Balance Beginning This Period 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 915.00 0.00 2030.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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| AME OF COMMITTEE (In Full) National Democratic Policy Committe | ee | | | | |
| A. Full Name (Last, First, Middle Initial) of Debto | Nature of D | Debt (Purpose): FICE RENT | | | |
| EASTERN STATES DISTRIBU | EASTERN STATES DISTRIBUTORS | | | | |
| Mailing Address P.O. BOX 268 | | | | | |
| City State | Zip Code | | | | |
| DREXEL HILL | PA 19026 | | | | |
| Outstanding Balance Beginning This Period | | Transacti | ion ID : INV6010000114474 | | |
| 200.00 | | | | | |
| Amount Incurred This Period | Payment This Period | Outstandi | ng Balance at Close of This Period | | |
| 0.00 | 0. | .00 | 200.00 | | |
| B. Full Name (Last, First, Middle Initial) of Debtor EASTERN STATES DISTRIBUT | | <u> </u> | Debt (Purpose): TELEPHONE USAGE | | |
| Mailing Address P.O. BOX 268 | | | | | |
| City State | Zip Code | | | | |
| DREXEL HILL | PA 19026 | | | | |
| Outstanding Balance Beginning This Period | | Transact | tion ID : INV6010000114475 | | |
| 915.00 | | | | | |
| Amount Incurred This Period | Payment This Period | Outstandi | ng Balance at Close of This Period | | |
| 0.00 | 0. | 00 | 915.00 | | |
| C. Full Name (Last, First, Middle Initial) of Debto EASTERN STATES DISTRIBU | | Nature of D RENT | Debt (Purpose): | | |
| Mailing Address P.O. BOX 268 | | | | | |
| City | State Zip Code | | | | |
| DREXEL HILL | PA 19026 | | | | |
| Outstanding Balance Beginning This Period | | Transact | tion ID : INV6010000114476 | | |
| 200.00 | | | | | |
| Amount Incurred This Period | Payment This Period | Outstandi | ng Balance at Close of This Period | | |
| 0.00 | 0 | .00 | 200.00 | | |
| SUBTOTALS This Period This Page (optional) | | • | 1315.00 | | |
| TOTALS This Period (last page this line number | only) | > | 7 | | |
|) TOTAL OUTSTANDING LOANS from Schedule | C (last page only) | > | 7 | | |
|) ADD 2) and 3) and carry forward to appropriate | line of Summary Page (last page or | nly) ▶ | | | |

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TELEPHONE USAGE EASTERN STATES DISTRIBUTORS Mailing Address P.O. BOX 268 State Zip Code DREXEL HILL 19026 Transaction ID: INV6010000114477 Outstanding Balance Beginning This Period 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 915.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTAL EDGEWATER INN** Mailing Address PIER 67 City State Zip Code **SEATTLE** WA 98121 Outstanding Balance Beginning This Period Transaction ID: INV6010000113744 205.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 205.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **PRINTING EDWARD CORPUS** Mailing Address 1339 MARYLAND ST. APT. 1 Zip Code City State LOS ANGELES 90017 CA Transaction ID: INV6010000112307 Outstanding Balance Beginning This Period 22.95 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 22 95 0.00 1142.95 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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| | ME OF COMMITTEE (In Full) ational Democratic Policy Committee | ее | | | |
| | A. Full Name (Last, First, Middle Initial) of Debtor EMERY WORLDWIDE | | Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE | | |
| | Mailing Address P.O. BOX 100 | | | | |
| | City State BALTIMORE | Zip Code MD | 21277 | | |
| | Outstanding Balance Beginning This Period | | | | Transaction ID : INV6010000112315 |
| | 11.50 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | (| 0.00 | 11.50 |
| | B. Full Name (Last, First, Middle Initial) of Debtor ERIE HILTON HOTELERIE/PA | | | | Nature of Debt (Purpose): ROOM RENTALS |
| | Mailing Address C/O METROPOLITAN HOTELS, | INC. | | | |
| ŀ | 2 EAST FAYETTE STREET City State | Zip Code | | | |
| | BALTIMORE | MD | 21202 | | |
| | Outstanding Balance Beginning This Period | | | | Transaction ID : INV6010000112364 |
| | 37.10 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | C | 0.00 | 37.10 |
| | C. Full Name (Last, First, Middle Initial) of Debtor ERNEST BAALS | r or Creditor | | | Nature of Debt (Purpose): TRAVEL AND LODGING |
| | Mailing Address 826 GARWOOD ROAD | | | | |
| | City ERIAL | State NJ | Zip Code 08081 | | |
| Ī | Outstanding Balance Beginning This Period | | | | Transaction ID : INV6010000112094 |
| | 206.00 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 206.00 |
| 1) | SUBTOTALS This Period This Page (optional) | | | ▶ | 254.60 |
| 2) | TOTALS This Period (last page this line number | only) | | > | |
| 3) |) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | | | ▶ | 7 |
| 4) | 1) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | | | | |

Excluding Loans

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| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | е | | |
| | A. Full Name (Last, First, Middle Initial) of Debtor EVELYN LANTZ | Nature of Debt (Purpose): PRINTING | | |
| | Mailing Address 1826 NORIEGA STREET | | | |
| | City State SAN FRANCISCO | Zip Code CA | 94122 | |
| | Outstanding Balance Beginning This Period 60.98 | | | Transaction ID : INV6010000112386 |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | | 0.0 | 60.98 |
| ٠ | B. Full Name (Last, First, Middle Initial) of Debtor EXECUTIVE HOTEL & SPA | or Creditor | | Nature of Debt (Purpose): MEETING ROOM RENTAL |
| | Mailing Address 1055 FIRST AVE. | | | |
| | City State SAN DIEGO | Zip Code CA | 92101 | |
| | Outstanding Balance Beginning This Period 100.00 | | | Transaction ID : INV6010000114372 |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | , | 0.00 | |
| | C. Full Name (Last, First, Middle Initial) of Debtor EXECUTIVE RED CARPET INN | | | Nature of Debt (Purpose): ROOM RENTALS |
| | Mailing Address 4020 SOUTHWEST FREEWAY | | | |
| | City HOUSTON | State TX | Zip Code 77027 | |
| | Outstanding Balance Beginning This Period 22.00 | | | Transaction ID : INV6010000112317 |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | | 0.0 | 22.00 |
| 1) | SUBTOTALS This Period This Page (optional) | | | 182.98 |
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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE FEDERAL EXPRESS Mailing Address PO BOX 727, DEPT. A State Zip Code TN **MEMPHIS** 38194 Transaction ID: INV6010000112318 Outstanding Balance Beginning This Period 275.97 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 275.97 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): EXPRESS PACKAGE SERVICE FEDERAL EXPRESS Mailing Address PO BOX 727, DEPT. A City State Zip Code **MEMPHIS** TN 38194 Outstanding Balance Beginning This Period Transaction ID: INV6010000112319 14.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 14.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL-TARPLEY/SENATE FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE City State Zip Code PALISADES PARK 07650 NJ Transaction ID: INV6010000113745 Outstanding Balance Beginning This Period 254.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 254.00 0.00 543.97 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL-TARPLEY/SENATE FERRANTE TRAVEL CENTER Mailing Address 135 BROAD AVENUE State Zip Code PALISADES PARK 07650 Transaction ID: INV6010000113746 Outstanding Balance Beginning This Period 57.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 57.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): LIST PURCHASE FUSION ENERGY FOUNDATION Mailing Address 250 W 57TH ST. STE.1711 City State Zip Code **NEW YORK** NY 10019 Outstanding Balance Beginning This Period Transaction ID: INV6010000112327 4439.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 4439.10 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MISC. EXPENSE HENRY MCBRIDE Mailing Address C/O HENRY'S AUTO PARTS 91 SO WHITE HORSE PIKE City State Zip Code **BERLIN** 08009 NJ Transaction ID: INV6010000112396 Outstanding Balance Beginning This Period 233.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 233.00 0.00 4729.10 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | ее | | | |
| | A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN | | | Nature of Debt (Purpose): ROOM RENTALS | |
| | Mailing Address 1614 CENTRAL AVENUE | | | | |
| | City State ALBANY | Zip Code NY | 12205 | | |
| | Outstanding Balance Beginning This Period | | | | Transaction ID : INV6010000112341 |
| | 40.00 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 40.00 |
| | B. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN & HOLIDOME | or Creditor | | | Nature of Debt (Purpose): ROOM RENTALS |
| | Mailing Address 1501 FREEWAY BLVD. | | | | |
| | City State | Zip Code | | | |
| | MINNEAPOLIS | MN | 55430 | | |
| Ī | Outstanding Balance Beginning This Period | | | | Transaction ID : INV6010000112996 |
| | 42.00 | | | | |
| | | | | | |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 42.00 |
| • | C. Full Name (Last, First, Middle Initial) of Debto HOLIDAY INN AIRPORT 2 | r or Creditor | | | Nature of Debt (Purpose): ROOM RENTALS |
| | Mailing Address 5401 GREEN VALLEY DRIVE | | | | |
| | City BLOOMINGTON | State MN | Zip Code 55437 | | |
| | Outstanding Balance Beginning This Period | | | | Transaction ID : INV6010000112340 |
| | 157.50 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 157.50 |
| 1) | SUBTOTALS This Period This Page (optional) | | | > | 239.50 |
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Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN CHEEKTOWAGA Mailing Address 609 DINGENS ST. State Zip Code **CHEEKTOWAGA** 14206 Transaction ID: INV6010000112342 Outstanding Balance Beginning This Period 23.15 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 23.15 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN CHERRY HILL Mailing Address RTE 70 & SAYRE AVENUE City State Zip Code **CHERRY HILL** 08034 NJ Outstanding Balance Beginning This Period Transaction ID: INV6010000112343 50.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 50.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** HOLIDAY INN CHICO Mailing Address 685 MANZANITA COURT Zip Code City State CHICO 95926 CA Transaction ID: INV6010000112344 Outstanding Balance Beginning This Period 45.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 45 00 0.00 118.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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PAGE 88 OF 144 FOR LINE NUMBER: (check only one)

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| AME OF COMMITTEE (In Full) National Democratic Policy Committ | ee | | |
| <u>, </u> | | | |
| A. Full Name (Last, First, Middle Initial) of Debte | or or Creditor | Nature of Debt (Purpos ROOM RENTALS | e): |
| HOLIDAY INN COLISEUM | | 1.00 | |
| Mailing Address 440 WEST 57TH STREET | | | |
| City State | Zip Code | | |
| NEW YORK | NY 10019 | | |
| Outstanding Balance Beginning This Period | | Transaction ID : INV6 | 6010000112345 |
| 224.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Ralance | at Close of This Period |
| | | | |
| 0.00 | | .00 | 224.00 |
| B. Full Name (Last, First, Middle Initial) of Debto | r or Creditor | Nature of Debt (Purpos | e): |
| HOLIDAY INN CONCORD | | ROOM RENTALS | |
| Mailing Address 1050 BURNETT AVE. | | | |
| City State | Zip Code | | |
| CONCORD | CA 94520 | | |
| Outstanding Balance Beginning This Period | | Transaction ID : INV | 6010000112346 |
| | | | |
| 97.24 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance | at Close of This Period |
| 0.00 | 0 | .00 | 97.24 |
| C. Full Name (Last, First, Middle Initial) of Debte | or or Creditor | Nature of Debt (Purpos | e): |
| HOLIDAY INN DOWNTOWN | | ROOM RENTALS | |
| Mailing Address 1015 ELM STREET | | | |
| City | State Zip Code | | |
| DALLAS | TX 75202 | | |
| Outstanding Balance Beginning This Period | | Transaction ID : INV | 6010000112347 |
| 52.00 | | | |
| | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance | at Close of This Period |
| 0.00 | 0 | .00 | 52.00 |
| <u> </u> | | | |
| SUBTOTALS This Period This Page (optional) | | > | 373.24 |
|) TOTALS This Period (last page this line number | r only) | > | 7 |
|) TOTAL OUTSTANDING LOANS from Schedule | C (last page only) | | 7 |
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|) ADD 2) and 3) and carry forward to appropriate | line of Summary Page (last page or | nly) ▶ | |

Excluding Loans

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| NAME OF COMMITTEE National Democ | (In Full) ratic Policy Committee | е | | | |
|----------------------------------|---|---|--------------------|-------------|---|
| HOLIDAY I | | Nature of Debt (Purpose): ROOM RENTALS | | | |
| Mailing Address 80 | 40 PERRY HWY. | | | | |
| City State ERIE | | Zip Code PA | 16509 | | |
| Outstanding Balan | ce Beginning This Period | | | | Transaction ID : INV6010000112348 |
| | 47.70 | | | | |
| Amount Ind | curred This Period | Payı | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | , , | | 0.00 | 47.70 |
| , , | First, Middle Initial) of Debtor o | or Creditor | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address . | | | | | |
| City State HAUPPAUGE | | Zip Code NY | 11788 | | |
| | ce Beginning This Period | | | | Transaction ID : INV6010000112349 |
| Amount Inc | curred This Period | Payı | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 60.00 |
| | First, Middle Initial) of Debtor NN KENILWORTH | or Creditor | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address BL | VD. & SOUTH 31ST ST. | | | | |
| City KENILWORTH | | State NJ | Zip Code 07033 | | |
| Outstanding Balan | ce Beginning This Period | | | | Transaction ID : INV6010000112352 |
| | 45.00 | _ | . = | | |
| Amount Inc | curred This Period | Payı | ment This Period | 0.00 | Outstanding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 45.00 |
| 1) SUBTOTALS This F | Period This Page (optional) | | | | 152.70 |
| 2) TOTALS This Period | d (last page this line number o | only) | | | |
| 3) TOTAL OUTSTAND | ING LOANS from Schedule C | (last page on | ly) | > | 7 |
| 4) ADD 2) and 3) and | carry forward to appropriate lin | ne of Summar | ry Page (last page | only) ▶ | |

Excluding Loans

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| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | e | | | | |
| | A. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN NORWALK | Natu RO | ure of Debt (Purpo OOM RENTALS | se): | | |
| | Mailing Address 789 CONNECTICUT AVENUE | | | | | |
| | City State NORWALK | Zip Code CT | 00054 | | | |
| | Outstanding Balance Beginning This Period | | 06854 | Tr | ansaction ID : INV | /6010000112356 |
| | 90.00 | | | | | |
| | Amount Incurred This Period | Pay | ment This Period | Ou | utstanding Balance | at Close of This Period |
| | 0.00 | | , | 0.00 | | 90.00 |
| | B. Full Name (Last, First, Middle Initial) of Debtor of HOLIDAY INN OF LAMAR | or Creditor | | | ure of Debt (Purpo OM RENTALS | se): |
| | Mailing Address RD #2 EXIT 25 INTERSTATE 80 | | | | | |
| | City State MILL HALL | Zip Code PA | 17751 | | | |
| | Outstanding Balance Beginning This Period | | | т | ransaction ID : IN | V6010000112353 |
| | 52.78 | | | | | |
| | Amount Incurred This Period | Pay | ment This Period | | utstanding Balance | e at Close of This Period 52.78 |
| | 0.00 | 7 | | 0.00 | | 7 |
| | C. Full Name (Last, First, Middle Initial) of Debtor HOLIDAY INN OF NEWTON | or Creditor | | | ure of Debt (Purpo DOM RENTALS | se): |
| | Mailing Address P.O. BOX 4305 | | | | | |
| | City BOSTON | State MA | Zip Code 02211 | | | |
| | Outstanding Balance Beginning This Period 90.00 | | | Т | ransaction ID : IN | V6010000112355 |
| | Amount Incurred This Period | Pay | ment This Period | Oı | utstanding Balance | at Close of This Period |
| | 0.00 | | | 0.00 | | 90.00 |
| 1) | SUBTOTALS This Period This Page (optional) | | | > | | 232.78 |
| 2) | TOTALS This Period (last page this line number of | only) | | | | , |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C | (last page o | nly) | ▶ | | , |
| 4) | ADD 2) and 3) and carry forward to appropriate li | ine of Summa | ry Page (last page o | only) ▶ | | |

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PAGE 91 OF 144 FOR LINE NUMBER: (check only one)

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| AME OF COMMITTEE (In Full) National Democratic Policy Commi | ittee | | , |
| A. Full Name (Last, First, Middle Initial) of Del | btor or Creditor | Nature of Debt (Purp | ose). |
| HOLIDAY INN OF RICHMON | ROOM RENTALS | | |
| Mailing Address 4303 COMMERCE RD. | | | |
| City State RICHMOND | Zip Code VA 23234 | | |
| Outstanding Balance Beginning This Period | | Transaction ID : IN | V6010000112358 |
| | | | |
| 157.30 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance | e at Close of This Period |
| 0.00 | | 0.00 | 157.30 |
| B. Full Name (Last, First, Middle Initial) of Deb | tor or Creditor | Nature of Debt (Purp | ose): |
| HOLIDAY INN OF WILLMAR | | ROOM RENTALS | |
| Mailing Address P.O. BOX 1157 | | | |
| City State | Zip Code | | |
| WILLMAR | MN 56201 | | |
| Outstanding Balance Beginning This Period | | Transaction ID : II | NV6010000112362 |
| 45.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance | e at Close of This Period |
| 0.00 | | .00 | 45.00 |
| C. Full Name (Last, First, Middle Initial) of Del HOLIDAY INN PROVIDENCE | | Nature of Debt (Purp ROOM RENTALS | ose): |
| Mailing Address 21 ATWELLS AVENUE | | | |
| City | State Zip Code | | |
| PROVIDENCE | RI 02903 | | |
| Outstanding Balance Beginning This Period 75.00 | | Transaction ID : II | NV6010000112357 |
| | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance | e at Close of This Period |
| 0.00 | | 0.00 | 75.00 |
| SUBTOTALS This Period This Page (optional) |) | | 277.30 |
| TOTALS This Period (last page this line numb | | | |
|) TOTAL OUTSTANDING LOANS from Schedu | le C (last page only) | > | |
|) ADD 2) and 3) and carry forward to appropria | ate line of Summary Page (last page o | nlv) 🕨 | |

Excluding Loans

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PAGE 92 OF 144 FOR LINE NUMBER: (check only one)

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|---|--|-------------------|------------------------------|--|--|--|
| AME OF COMMITTEE (In Full) | mitto o | | 1 | | | |
| National Democratic Policy Com | mittee | | | | | |
| A. Full Name (Last, First, Middle Initial) of | Debtor or Creditor | Nature of Debt (F | | | | |
| HOLIDAY INN ROCHESTE | HOLIDAY INN ROCHESTER-AIRPORT | | | | | |
| Mailing Address 911 BROOKS AVENUE | | | | | | |
| City State ROCHESTER | Zip Code NY 14624 | | | | | |
| Outstanding Balance Beginning This Perio | | Transaction ID | : INV6010000112359 | | | |
| 50.00 | | | | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Bal | ance at Close of This Period | | | |
| 0.00 | | 0.00 | 50.00 | | | |
| B. Full Name (Last, First, Middle Initial) of D | Aehtor or Creditor | Nature of Debt (F | urnoco): | | | |
| HOLIDAY INN ROCKVILLE | replot of Greditor | ROOM RENTALS | | | | |
| Mailing Address 173 SUNRISE HWY. | | | | | | |
| City State | Zip Code | | | | | |
| ROCKVILLE. L.I. | NY 11570 | | | | | |
| Outstanding Balance Beginning This Perio | od | Transaction ID | : INV6010000112360 | | | |
| 50.00 | | | | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Bal | ance at Close of This Period | | | |
| 0.00 | | 0.00 | 50.00 | | | |
| C. Full Name (Last, First, Middle Initial) of | | Nature of Debt (F | | | | |
| HOLIDAY INN SCHENECT | ADY | ROOW RENTAL | • | | | |
| Mailing Address DOWNTOWN | | | | | | |
| 100 NOTT TERRACE & FF | RANKLIN State Zip Code | | | | | |
| SCHENECTADY | NY 12305 | | | | | |
| Outstanding Balance Beginning This Period | od | Transaction ID | : INV6010000112361 | | | |
| 45.00 | | | | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Bal | ance at Close of This Period | | | |
| 0.00 | 1 | 0.00 | 45.00 | | | |
| | | | | | | |
|) SUBTOTALS This Period This Page (option | nal) | | 145.00 | | | |
|) TOTALS This Period (last page this line nu | · · | | | | | |
|) TOTAL OUTSTANDING LOANS from Sche | | | | | | |
| | | | | | | |
|) ADD 2) and 3) and carry forward to approp | priate line of Summary Page (last page | only) | | | | |

Excluding Loans

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| NAME OF COMMITTEE National Democi | (In Full) ratic Policy Committe | е | | | |
|-----------------------------------|--|----------------|---|-------------|---|
| | First, Middle Initial) of Debtor NN-AIRPORT/NORT | | Nature of Debt (Purpose): ROOM RENTALS | | |
| Mailing Address 45 | 45 N. LINDBURGH BLVD. | | | | |
| City State BRIDGETON | | Zip Code MO | 63044 | | |
| Outstanding Balan | ce Beginning This Period | | | | Transaction ID : INV6010000112354 |
| | 79.22 | | | | |
| Amount Ind | curred This Period | Payr | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | 7 | | 0.00 | 79.22 |
| , , | First, Middle Initial) of Debtor (ROTHERS, INC. | or Creditor | | | Nature of Debt (Purpose): EQUIPMENT RENTAL |
| Mailing Address P.O | D. BOX 728 | | | | |
| City State TEMPLE | | Zip Code TX | 76503 | | |
| Outstanding Balan | ce Beginning This Period | | | | Transaction ID : INV6010000112369 |
| | 33.90 | | | | |
| Amount Inc | curred This Period | Payr | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | , | 7 | 0.00 | 33.90 |
| | First, Middle Initial) of Debtor JOHNSON'S | or Creditor | | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address P. | O. BOX 3045 | | | | |
| City BOSTON | | State MA | Zip Code 02107 | | |
| Outstanding Balan | ce Beginning This Period | | | | Transaction ID : INV6010000112365 |
| Amount Inc | curred This Period | Payr | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | 7 | | 0.00 | 102.92 |
| 1) SUBTOTALS This F | Period This Page (optional) | | | > | 216.04 |
| 2) TOTALS This Period | d (last page this line number of | only) | | > | |
| 3) TOTAL OUTSTAND | ING LOANS from Schedule C | (last page on | ly) | > | 7 7 7 |
| 4) ADD 2) and 3) and | carry forward to appropriate li | only) ▶ | | | |

Excluding Loans

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| NAME OF COMMIT National Dem | TEE (In Full) OCratic Policy Committe | ее | | | |
| , | ast, First, Middle Initial) of Debto | Nature of D MEDIA DIR | Nature of Debt (Purpose): MEDIA DIRECTORY PURCHASE | | |
| Mailing Address | 7315 WISCONSIN AVENUE SUITE 1200N | | | | |
| City Sta BETHESDA | ate | Zip Code MD | 20814 | | |
| Outstanding B | alance Beginning This Period 88.04 | | | Transaction | on ID : INV6010000112370 |
| Amoun | nt Incurred This Period | Payn | nent This Period | Outstandir | ng Balance at Close of This Period 88.04 |
| B. Full Name (La | ast, First, Middle Initial) of Debtor | or Creditor | , | | ebt (Purpose): |
| HYATT | ALO ALTO | | | ROOM REI | |
| Mailing Address City Sta | 4290 EL CAMINO REAL | Zip Code | | | |
| PALO ALTO | ate | CA | 94306 | | |
| Outstanding B | alance Beginning This Period 58.43 | | | Transact | ion ID : INV6010000112371 |
| Amoun | t Incurred This Period | Payn | nent This Period | Outstandir | ng Balance at Close of This Period |
| , | 0.00 | , | 0 | .00 | 58.43 |
| , | ast, First, Middle Initial) of Debto JCHANON | r or Creditor | | | ebt (Purpose): ARD MERCHANT DISC |
| Mailing Address | 423L UNIVERSITY BOULEVARI |) | | | |
| City DALLAS | | State TX | Zip Code 75205 | | |
| Outstanding B | alance Beginning This Period 1000.00 | | | Transact | ion ID : INV6010000112100 |
| Amoun | nt Incurred This Period | Payn | nent This Period | Outstandir | ng Balance at Close of This Period |
| | 0.00 | , | 0 | .00 | 1000.00 |
| 1) SUBTOTALS T | his Period This Page (optional) | | | > | 1146.47 |
| 2) TOTALS This P | Period (last page this line number | only) | | | 7 |
| 3) TOTAL OUTSTA | ANDING LOANS from Schedule | C (last page onl | y) | > | |
| 4) ADD 2) and 3) | and carry forward to appropriate | line of Summar | y Page (last page or | nly) ▶ | |

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PAGE 95 OF 144 FOR LINE NUMBER: (check only one)

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| NAME OF COMMITTEE (In Full) National Democratic Policy Committee | ee | , | • | | |
| A. Full Name (Last, First, Middle Initial) of Debto | r or Creditor | | Nature of De ROOM REN | ebt (Purpose): NTALS | |
| Mailing Address VAN NESS GEARY | | | | | |
| City State SAN FRANCISCO | Zip Code CA | 94101 | | | |
| Outstanding Balance Beginning This Period 16.40 | | | Transaction | on ID : INV6010000112372 | |
| Amount Incurred This Period | Paymen | t This Period | Outstandin | ng Balance at Close of This Period | |
| 0.00 | 2 5 | 0.00 | <u> </u> | 16.40 | |
| B. Full Name (Last, First, Middle Initial) of Debtor JERRY LITTON MEMORIAL FU | | | Nature of De | ebt (Purpose): RE | |
| Mailing Address PO BOX 220 | | | | | |
| City State CHILLICOTHE | Zip Code MO | 64601 | | | |
| Outstanding Balance Beginning This Period | | | Transacti | ion ID : INV6010000112390 | |
| Amount Incurred This Period | Paymen | t This Period | Outstandin | ng Balance at Close of This Period | |
| 0.00 | | 0.00 | | 10.00 | |
| C. Full Name (Last, First, Middle Initial) of Debto KAREN BRUBAKER | r or Creditor | | Nature of De ROOM REI | ebt (Purpose): NTALS | |
| Mailing Address 1516 VINEWOOD #207 | | | | | |
| City DETROIT | | ip Code 48216 | | | |
| Outstanding Balance Beginning This Period 59.03 | | | Transacti | ion ID : INV6010000112098 | |
| Amount Incurred This Period | Paymen | t This Period | Outstandin | ng Balance at Close of This Period | |
| 0.00 | | 0.00 | | 59.03 | |
| 1) SUBTOTALS This Period This Page (optional) | | | | 85.43 | |
| 2) TOTALS This Period (last page this line number | only) | | · | <u></u> | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C (last page only) |) | · | 7 | |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summary P | age (last page only) | · L | | |

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **EQUIPMENT RENTAL** KING COLE PROJECTION SERVICE Mailing Address 36-16 29TH STREET State Zip Code LONG ISLAND CITY 11106 Transaction ID: INV6010000112377 Outstanding Balance Beginning This Period 84.95 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 84.95 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUB. NOT ENTERED IN 1987 KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115120 45071.87 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 45071.87 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115123 Outstanding Balance Beginning This Period 1649.60 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1649.60 0.00 46806.42 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115207 Outstanding Balance Beginning This Period 1349.80 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1349.80 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115362 1000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 1000.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115364 Outstanding Balance Beginning This Period 1410.40 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1410.40 0.00 3760.20 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | ee | | | | |
| | A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. | Na SI | ture of Debt (Purp JBSCRIPTIONS P | ose): URCHASE | | |
| | Mailing Address RT. 1, BOX 22 | | | | | |
| | City State STERLING | Zip Code VA | 22170 | | | |
| | Outstanding Balance Beginning This Period | | · · · · · · · · · · · · · · · · · · · | т | ransaction ID : IN | V6010000115365 |
| | Amount Incurred This Period | Pay | rment This Period | C | Outstanding Baland | e at Close of This Period |
| | 0.00 | , | , | 0.00 | 7 | 1350.85 |
| | B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. | | ture of Debt (Purp JBSCRIPTIONS P | | | |
| | Mailing Address RT. 1, BOX 22 | | | | | |
| | City State STERLING | Zip Code VA | 22170 | | | |
| | Outstanding Balance Beginning This Period 554.90 | | | | Transaction ID : II | NV6010000115368 |
| | Amount Incurred This Period | Pay | ment This Period | C | Outstanding Baland | e at Close of This Period |
| | 0.00 | | | 0.00 | | 554.90 |
| | C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. | or Creditor | | | ture of Debt (Purp UBSCRIPTIONS P | |
| | Mailing Address RT. 1, BOX 22 | | | | | |
| | City STERLING | State VA | Zip Code 22170 | | | |
| | Outstanding Balance Beginning This Period 239.90 | | | | Transaction ID : II | NV6010000115371 |
| | Amount Incurred This Period | Pay | ment This Period | C | Outstanding Baland | e at Close of This Period |
| | 0.00 | | | 0.00 | | 239.90 |
| 1) | SUBTOTALS This Period This Page (optional) | | | > | 7 | 2145.65 |
| 2) | TOTALS This Period (last page this line number | only) | | > | | |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C | C (last page o | nly) | > | | , |
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| | MMITTEE (In Full) Democratic Policy Committe | ее | | | | |
| | me (Last, First, Middle Initial) of Debto | Na S | ture of Debt (Purp UBSCRIPTIONS F | pose): PURCHASE | | |
| Mailing Add | dress RT. 1, BOX 22 | | | | | |
| City STERLING | State | Zip Code VA | 22170 | | | |
| | ling Balance Beginning This Period | | 22110 | 7 | ransaction ID : IN | NV6010000115372 |
| | 119.75 | | | | | |
| Α | mount Incurred This Period | Pay | ment This Period | (| Outstanding Balan | ce at Close of This Period |
| | 0.00 | | | 0.00 | | 119.75 |
| | ne (Last, First, Middle Initial) of Debtor PUBLISHING CO. | | ture of Debt (Purp JBSCRIPTIONS F | | | |
| Mailing Add | dress RT. 1, BOX 22 | | | | | |
| City STERLING | State | Zip Code VA | 22170 | | | |
| Outstand | ling Balance Beginning This Period | | | | Transaction ID : I | NV6010000115375 |
| А | mount Incurred This Period | Pay | ment This Period | (| Outstanding Balan | ce at Close of This Period |
| | 0.00 | | | 0.00 | , | 185.10 |
| | me (Last, First, Middle Initial) of Debto V PUBLISHING CO. | r or Creditor | | | ture of Debt (Purp UBSCRIPTIONS F | |
| Mailing Add | dress RT. 1, BOX 22 | | | | | |
| City STERLING | ; | State VA | Zip Code 22170 | | | |
| Outstand | ling Balance Beginning This Period | | | | Transaction ID : I | NV6010000115377 |
| L | 81.00 mount Incurred This Period | Pav | ment This Period | (| Outstanding Balan | ce at Close of This Period |
| | 0.00 | , | | 0.00 | , | 81.00 |
| 1) SUBTOTA | LS This Period This Page (optional) | | | | | 385.85 |
| 2) TOTALS | This Period (last page this line number | only) | | > | | . , |
| 3) TOTAL O | UTSTANDING LOANS from Schedule (| C (last page o | nly) | ▶ | | |
| 4) ADD 2) a | nd 3) and carry forward to appropriate | only) ▶ | | | | |

Excluding Loans

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PAGE 100 OF 144 FOR LINE NUMBER: (check only one)

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|----|---|----------------|-----------------------------------|---------------------|-------------------------------------|-----------------------------|
| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | е | | | | |
| | A. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. | Na S | ture of Debt (Pur UBSCRIPTIONS | rpose): PURCHASE | | |
| | Mailing Address RT. 1, BOX 22 | | | | | |
| | City State STERLING | Zip Code VA | 22170 | | | |
| | Outstanding Balance Beginning This Period | | | 1 | ransaction ID : I | NV6010000115378 |
| | 62.35 Amount Incurred This Period | Pay | ment This Period | (| Outstanding Balar | nce at Close of This Period |
| | 0.00 | | | 0.00 | | 62.35 |
| 1 | B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. | or Creditor | | | ture of Debt (Pur JBSCRIPTIONS I | |
| | Mailing Address RT. 1, BOX 22 | | | | | |
| | City State STERLING | Zip Code VA | 22170 | | | |
| | Outstanding Balance Beginning This Period 42.10 | | | | Transaction ID : | INV6010000115379 |
| | Amount Incurred This Period | Pay | ment This Period | (| Outstanding Balar | nce at Close of This Period |
| | 0.00 | 7 | | 0.00 | 7 | 42.10 |
| | C. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. | or Creditor | | | ture of Debt (Pur UBUCRITOINS P | |
| | Mailing Address RT. 1, BOX 22 | | | | | |
| | City STERLING | State VA | Zip Code 22170 | | | |
| | Outstanding Balance Beginning This Period | | | | Transaction ID : | INV6010000115380 |
| | 51.10 Amount Incurred This Period | Pay | ment This Period | C | Outstanding Balar | nce at Close of This Period |
| | 0.00 | | | 0.00 | , | 51.10 |
| 1) | SUBTOTALS This Period This Page (optional) | | | > | | 155.55 |
| 2) | TOTALS This Period (last page this line number of | only) | | <u></u> | | 7 |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C | (last page o | nly) | > | , | |
| 4) | ADD 2) and 3) and carry forward to appropriate I | only) ▶ | | | | |

Excluding Loans

(Use separate schedule(s) for each

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115381 Outstanding Balance Beginning This Period 13.45 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 13.45 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115383 4567.27 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 4567.27 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115384 Outstanding Balance Beginning This Period 19.20 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 19 20 0.00 4599.92 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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| NAME OF COMMITTEE (In Full) National Democratic Policy Committ | ee | | | |
| A. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | | Nature of SUBSCR | Debt (Purpose): IPTIONS PURCHASE |
| Mailing Address RT. 1, BOX 22 | | | | |
| City State STERLING | Zip Code VA | 22170 | | |
| Outstanding Balance Beginning This Period | | | Transac | tion ID : INV6010000115385 |
| 25.34 | | | | |
| Amount Incurred This Period 0.00 | Pay | ment This Period | Outstand | ding Balance at Close of This Period 25.34 |
| P. Full Name (Lost First Middle Initial) of Debta | or Craditor | | Noture of | Dokt (Duwasa): |
| B. Full Name (Last, First, Middle Initial) of Debtor KMW PUBLISHING CO. | or Creditor | | | Debt (Purpose): IPTIONS PURCHASE |
| Mailing Address RT. 1, BOX 22 | | | | |
| City State STERLING | Zip Code VA | 22170 | | |
| Outstanding Balance Beginning This Period | | | Transa | ction ID : INV6010000115386 |
| 397.04 | | | | |
| Amount Incurred This Period | Pay | ment This Period | Outstand | ling Balance at Close of This Period |
| 0.00 | | | 0.00 | 397.04 |
| C. Full Name (Last, First, Middle Initial) of Debto KMW PUBLISHING CO. | or or Creditor | | | Debt (Purpose): IPTIONS PURCHASE |
| Mailing Address RT. 1, BOX 22 | | | | |
| City STERLING | State VA | Zip Code 22170 | | |
| Outstanding Balance Beginning This Period | | | Transa | ction ID : INV6010000115387 |
| 33.88 Amount Incurred This Period | Pav | ment This Period | Outstand | ling Balance at Close of This Period |
| 0.00 | , , | | 0.00 | 33.88 |
| SUBTOTALS This Period This Page (optional) | | | | 456.26 |
| 2) TOTALS This Period (last page this line number | only) | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C (last page or | nly) | | , |
| 4) ADD 2) and 3) and carry forward to appropriate | only) ▶ | 7 | | |

Excluding Loans

(Use separate schedule(s) for each

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144

numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115388 Outstanding Balance Beginning This Period 101.14 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 101.14 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115410 121.51 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 121.51 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115422 Outstanding Balance Beginning This Period 25.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 25.00 0.00 247.65 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115444 Outstanding Balance Beginning This Period 1125.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1125.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115457 800.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 800.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115458 Outstanding Balance Beginning This Period 12.75 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 12 75 0.00 1937.75 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115469 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115470 750.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 750.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115471 Outstanding Balance Beginning This Period 50.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 50.00 0.00 850.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PRUCHASES KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 State Zip Code **STERLING** 22170 Transaction ID: INV6010000115472 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTION PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Outstanding Balance Beginning This Period Transaction ID: INV6010000115481 3734.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 3734.90 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE KMW PUBLISHING CO. Mailing Address RT. 1, BOX 22 City State Zip Code **STERLING** 22170 VA Transaction ID: INV6010000115482 Outstanding Balance Beginning This Period 199.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 199 25 0.00 3984.15 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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| | e of COMMITTEE (In Full) tional Democratic Policy Committe | е | | |
|------|--|-----------------|---|---|
| A | A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO. | | | Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE |
| N | failing Address RT. 1, BOX 22 | | | |
| | ity State STERLING | Zip Code VA | 22170 | |
| | Outstanding Balance Beginning This Period | | Transaction ID : INV6010000115483 | |
| | 2030.98 | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | 1 1 19 | 0.0 | .00 2030.98 |
| В | B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO. | | | Nature of Debt (Purpose): SUBSCRIPTIONS PURCHASE |
| N | failing Address RT. 1, BOX 22 | | | |
| | ity State TERLING | Zip Code VA | 22170 | |
| | Outstanding Balance Beginning This Period | | | Transaction ID: INV6010000115484 |
| | 25.00 | | | |
| | Amount Incurred This Period | | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | | 0.0 | 25.00 |
| С | C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO. | | Nature of Debt (Purpose): SUBSCRIPTION PURCHASE | |
| N | failing Address RT. 1, BOX 22 | | | |
| | ity STERLING | State VA | Zip Code 22170 | |
| | Outstanding Balance Beginning This Period | | | Transaction ID : INV6010000115486 |
| | 10.00 | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | 1 7 | 0. | .00 10.00 |
| 1) ; | SUBTOTALS This Period This Page (optional) | | | > 2065.98 |
| 2) | TOTALS This Period (last page this line number | only) | | > |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C | C (last page on | ly) | |
| 4) | ADD 2) and 3) and carry forward to appropriate I | ine of Summa | ry Page (last page on | nly) ▶ |

Excluding Loans

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| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | e | | | |
| | A. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO. | | | Nature of Debt (Purpose): SUBSCRIPTION PURCHASE | |
| | Mailing Address RT. 1, BOX 22 | | _ | | |
| | City State STERLING | Zip Code VA | 22170 | | |
| | Outstanding Balance Beginning This Period 25.00 | | | Transaction ID : IN | NV6010000115487 |
| | Amount Incurred This Period | Payment This Period | | Outstanding Balance at Close of This Period | |
| | 0.00 | | 0.00 | | 25.00 |
| | B. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO. | | | Nature of Debt (Purpose): SUBSCRIPTION PURCHASE | |
| | Mailing Address RT. 1, BOX 22 | | | | |
| | City State STERLING | Zip Code VA | 22170 | | |
| | Outstanding Balance Beginning This Period 25.00 | | | Transaction ID : I | NV6010000115488 |
| | Amount Incurred This Period | Paymen | t This Period | Outstanding Balan | ce at Close of This Period |
| | 0.00 | | 0.00 | | 25.00 |
| | C. Full Name (Last, First, Middle Initial) of Debtor or Creditor KMW PUBLISHING CO. | | | Nature of Debt (Purpose): SUBSCRIPTION PURCHASE | |
| | Mailing Address RT. 1, BOX 22 | | | | |
| | City STERLING | | ip Code 22170 | | |
| | Outstanding Balance Beginning This Period | | | Transaction ID : I | NV6010000115489 |
| | 50.00 Amount Incurred This Period | Paymen | t This Period | Outstanding Balan | ce at Close of This Period |
| | 0.00 | | 0.00 | | 50.00 |
| 1) | SUBTOTALS This Period This Page (optional) | | > | | 100.00 |
| 2) | TOTALS This Period (last page this line number | only) | > | | |
| 3) | 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) | | | | |
| 4) | ADD 2) and 3) and carry forward to appropriate I | | | | |

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| AME OF COMMITTEE (In Full) | | | | 10.01 |
| National Democratic Policy Commit | tee | | | |
| A. Full Name (Last, First, Middle Initial) of Deb | tor or Creditor | | Nature of Debt (Pu | rpose): |
| KMW PUBLISHING CO. | PURCHASES OF | SUBSCRITIONS | | |
| Mailing Address RT. 1, BOX 22 | | | _ | |
| R1. 1, BOX 22 | | | | |
| City State | Zip Code VA 22 | | | |
| STERLING | VA 22 | 170 | Towns and an ID | NN 10040000445400 |
| Outstanding Balance Beginning This Period | | | Transaction ID: | NV6010000115490 |
| 25.00 | | | | |
| Amount Incurred This Period | Payment Th | is Period | Outstanding Balar | nce at Close of This Period |
| 0.00 | | 0.00 | | 25.00 |
| B. Full Name (Last, First, Middle Initial) of Debte | or or Creditor | | Nature of Debt (Pu | |
| KMW PUBLISHING CO. | | | SUBSCRIPTION P | URCHASES |
| Mailing Address RT. 1, BOX 22 | | | _ | |
| K1. 1, BOX 22 | | | | |
| City State | Zip Code | 170 | | |
| STERLING | VA 22 | 170 | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : | INV6010000115491 |
| 25.00 | | | | |
| Amount Incurred This Period | Payment Th | nis Period | Outstanding Balar | nce at Close of This Period |
| 0.00 | | 0.00 | | 25.00 |
| | | | | |
| C. Full Name (Last, First, Middle Initial) of Deb KREINGOLD DATA SERVICE | | | Nature of Debt (Pu COMPUTER SER | |
| Mailing Address STE. 5D, 119 PAYSON AVE. | | | - | |
| City | State Zip C | | 1 | |
| NEW YORK | NY 1003 | 34 | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : | INV6010000112384 |
| 2156.53 | | | | |
| Amount Incurred This Period | Payment Th | nis Period | Outstanding Balar | nce at Close of This Period |
| 0.00 | | 0.00 | | 2156.53 |
| | 7 | , | | 7 |
| | | | | 2022 52 |
| SUBTOTALS This Period This Page (optional). | | ······ | | 2206.53 |
|) TOTALS This Period (last page this line number | er only) | > | | |
|) TOTAL OUTSTANDING LOANS from Schedule | e C (last page only) | > | | , |
|) ADD 2) and 3) and carry forward to appropriat | e line of Summary Page | (last page only) ▶ | | |

Excluding Loans

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| | ME OF COMMITTEE (In Full) ational Democratic Policy Committee | ee | | |
| | A. Full Name (Last, First, Middle Initial) of Debtor | Nature of Debt (Purpose): | | |
| | KVAR-FM | | | MEDIA-RADIO |
| | Mailing Address TEXAS LOTAS CORP. | | | |
| | 8400 DAPAPOINT ST. 535 | | | |
| | City State | Zip Code | | |
| | SAN ANTONIO | TX | 78229 | |
| | Outstanding Balance Beginning This Period | | | Transaction ID : INV6010000112385 |
| | 544.00 | | | |
| | Amount Incurred This Period | Pay | yment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | 1 1 7 | 0.00 | 544.00 |
| | B. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | | Nature of Debt (Purpose): |
| | LOS ANGELES LABOR COMMI | FLD OFC RENT AND PHONE | | |
| | Mailing Address 711 S. VERMONT AVE. #207 | | | |
| | City State | Zip Code | | |
| | LOS ANGELES | CA | 90005 | |
| | Outstanding Balance Beginning This Period | | | Transaction ID: INV6010000112391 |
| | 21277.77 | | | |
| | Amount Incurred This Period | Pay | yment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | | 0.00 | 21277.77 |
| | 0.00 | | 0.00 | |
| | C. Full Name (Last, First, Middle Initial) of Debtor LOUIS JOLIET RENAISSANCE | | | Nature of Debt (Purpose): ROOM RENTALS |
| | Mailing Address 214 NORTH OTTAWA STREET | | | |
| | City | State | Zip Code | |
| | JOLIET | IL | 60431 | |
| | Outstanding Balance Beginning This Period | | | Transaction ID: INV6010000112393 |
| | 38.21 | | | |
| | Amount Incurred This Period | Pay | yment This Period | Outstanding Balance at Close of This Period |
| | | 1 0 | | |
| | 0.00 | 1 7 | 0.00 | 30.21 |
| 1) | SUBTOTALS This Period This Page (optional) | | | 21859.98 |
| 2) | TOTALS This Period (last page this line number | only) | | > |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C | C (last page o | nly) | > |
| 4) | ADD 2) and 3) and carry forward to appropriate | > | | |

Excluding Loans

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|----|--|--|-------------------|---|
| | ME OF COMMITTEE (In Full) ational Democratic Policy Committee | ee | | |
| | A. Full Name (Last, First, Middle Initial) of Debtor MARK CALNEY | Nature of Debt (Purpose): PRINTING | | |
| | Mailing Address 269 E. NEWTON ST. | | | |
| | City State SEATTLE | Zip Code WA 98102 | | |
| | Outstanding Balance Beginning This Period 205.80 | | | Transaction ID : INV6010000112101 |
| | Amount Incurred This Period | Pay | yment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | | | 0 205.80 |
| | B. Full Name (Last, First, Middle Initial) of Debtor MARRIOT HOTEL PITTSBURG | Nature of Debt (Purpose): ROOM RENTALS | | |
| | Mailing Address 101 MALL BLVD. | | | |
| | City State MONROEVILLE | Zip Code PA | 15146 | |
| | Outstanding Balance Beginning This Period 227.73 | | | Transaction ID: INV6010000112395 |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | | 0.0 | |
| | C. Full Name (Last, First, Middle Initial) of Debtor MARRIOTT - SANTA CLARA | r or Creditor | | Nature of Debt (Purpose): ROOM RENTALS |
| | Mailing Address GREAT AMERICAN PARKWAY | | | |
| | City SANTA CLARA | State CA | Zip Code 95054 | |
| | Outstanding Balance Beginning This Period | | | Transaction ID: INV6010000112997 |
| | 24.50 Amount Incurred This Period | Pay | yment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | | 0.0 | 24.50 |
| 1) | SUBTOTALS This Period This Page (optional) | | | . ▶ 458.03 |
| 2) | TOTALS This Period (last page this line number | only) | | <u> </u> |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C | C (last page o | nly) | > |
| 4) | ADD 2) and 3) and carry forward to appropriate | y) ▶ | | |

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|---|----------------------------|--|-------------------|-------------------------------|
| AME OF COMMITTEE (In Full) | | <u> </u> | 1 | * * |
| National Democratic Policy Committee | ee | | | |
| A. Full Name (Last, First, Middle Initial) of Debto | r or Creditor | | Nature of Debt (P | urpose): |
| MARTY SIMON | | | FREIGHT AND P | OSTAGE |
| Mailing Address 2971 W 8TH ST. #111 | | | | |
| City State | Zip Code | | | |
| LOS ANGELES | CA 96402 | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID | : INV6010000112907 |
| 154.47 | | | | |
| Amount Insurred This Period | Payment This Pe | riad | Outstanding Pal | anno at Class of This Bariad |
| Amount Incurred This Period | Payment This Pe | ilou | Outstanding Bail | ance at Close of This Period |
| 0.00 | | 0.00 | | 154.47 |
| B. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | | Nature of Debt (P | |
| MC GUINESS & WILLIAMS | | | ATTORNEY EXP | ENSES |
| Mailing Address 1015 FIFTEENTH STREET, NW | | | | |
| SUITE 1200 City State | Zip Code | | | |
| WASHINGTON | DC 20005 | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID | : INV6010000114180 |
| 446.69 | | | | |
| Amount Incurred This Period | Payment This Pe | riod | Outstanding Bal | ance at Close of This Period |
| 0.00 | | 0.00 | , | 446.69 |
| C. Full Name (Last, First, Middle Initial) of Debto MC GUINESS & WILLIAMS | r or Creditor | | Nature of Debt (P | |
| IVIC GUINESS & WILLIAWIS | | | ATTORNETTEE | o a extremoso |
| Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 | | | | |
| City | State Zip Code | | | |
| WASHINGTON | DC 20005 | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID | : INV6010000114182 |
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| NAME OF COMMITTEE (In Full) National Democratic Policy Committee |) | | | |
| A. Full Name (Last, First, Middle Initial) of Debtor of | or Creditor | | Nature of D | Pebt (Purpose): |
| MC GUINESS & WILLIAMS | | | ATTORNE | Y FEES & EXPENSES |
| Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 | | | | |
| City State WASHINGTON | Zip Code DC | 20005 | | |
| Outstanding Balance Beginning This Period | | | Transacti | on ID : INV6010000114183 |
| 800.00 | | | | |
| Amount Incurred This Period | Payn | nent This Period | Outstandi | ng Balance at Close of This Period |
| 0.00 | | , 0 | .00 | 800.00 |
| B. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS | r Creditor | | | lebt (Purpose): Y FEES & EXPENSES |
| Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 | | | | |
| City State | Zip Code | 2225 | | |
| WASHINGTON | DC | 20005 | | |
| Outstanding Balance Beginning This Period | | | Transac | tion ID : INV6010000114184 |
| 3179.29 | | | | |
| Amount Incurred This Period | Payn | nent This Period | Outstandi | ng Balance at Close of This Period |
| 0.00 | | 0. | .00 | 3179.29 |
| C. Full Name (Last, First, Middle Initial) of Debtor of MC GUINESS & WILLIAMS | or Creditor | | | Pebt (Purpose): Y EXPENSES |
| Mailing Address 1015 FIFTEENTH STREET, NW SUITE 1200 | | | | |
| City | State | Zip Code | | |
| WASHINGTON | DC | 20005 | | |
| Outstanding Balance Beginning This Period | | | Transac | tion ID : INV6010000114185 |
| 3.32 | | | | |
| Amount Incurred This Period | Payr | nent This Period | Outstandi | ng Balance at Close of This Period |
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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY EXPENSES MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW **SUITE 1200** State Zip Code DC WASHINGTON 20005 Transaction ID: INV6010000114186 Outstanding Balance Beginning This Period 5.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES MC GUINESS & WILLIAMS Mailing Address 1015 FIFTEENTH STREET, NW **SUITE 1200** State City Zip Code WASHINGTON DC 20005 Outstanding Balance Beginning This Period Transaction ID: INV6010000114189 255.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 255.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRESS RELEASE DISTRIBUTN **MEDIAWIRE** Mailing Address 117 SOUTH 17TH ST. SUITE 210 City State Zip Code **PHILADELPHIA** 19103 PA Transaction ID: INV6010000112397 Outstanding Balance Beginning This Period 60.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 60.00 0.00 320.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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| | ME OF COMMITTEE (In Full) ational Democratic Policy Committee | ее | | | |
| 1 | A. Full Name (Last, First, Middle Initial) of Debtor | r or Creditor | | Nature of | Debt (Purpose): L DIST-ELDER/USS |
| | MEDIAWIRE | | | I KO KE | L DIOT-LLDLIVOOS |
| 1 | Mailing Address 117 SOUTH 17TH ST. SUITE 210 | | | | |
| (| City State | Zip Code | | | |
| | PHILADELPHIA | PA | 19103 | | |
| | Outstanding Balance Beginning This Period | | | Transa | ction ID : INV6010000112398 |
| | 65.00 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outstar | nding Balance at Close of This Period |
| | 0.00 | , | , | 0.00 | 65.00 |
| Ī | B. Full Name (Last, First, Middle Initial) of Debtor MEDIAWIRE | or Creditor | | | f Debt (Purpose): L DIST-DOUGLAS/GOV |
| Ī | Mailing Address 117 SOUTH 17TH ST. SUITE 210 | | | | |
| (| City State | Zip Code | | | |
| | PHILADELPHIA | PA | 19103 | | |
| | Outstanding Balance Beginning This Period 35.00 | | | Trans | action ID: INV6010000112399 |
| | Amount Incurred This Period | Pay | ment This Period | Outetar | nding Balance at Close of This Period |
| | | 1 4 | | | |
| | 0.00 | 7 | 1 7 1 | 0.00 | 35.00 |
| (| C. Full Name (Last, First, Middle Initial) of Debto MELVIN S. NASH | r or Creditor | | | f Debt (Purpose): NEY FEES & EXPENSES |
| 1 | Mailing Address 204 WASHINGTON AVENUE, N | .E. | | | |
| - | City | State | Zip Code | | |
| | MARIETTA | GA | 30060 | | |
| | Outstanding Balance Beginning This Period | | | Trans | action ID : INV6010000114254 |
| | 2354.40 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outstar | nding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 2354.40 |
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Excluding Loans

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| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | ее | | |
| | A. Full Name (Last, First, Middle Initial) of Debto MELVIN S. NASH | Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES | | |
| | Mailing Address 204 WASHINGTON AVENUE, N | .E. | | |
| | City State MARIETTA | Zip Code GA 30060 | | |
| | Outstanding Balance Beginning This Period | | | Transaction ID : INV6010000114255 |
| | 1496.91 | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | | 0.0 | 1496.91 |
| | B. Full Name (Last, First, Middle Initial) of Debtor MICHAEL FRANK, ESQ. | Nature of Debt (Purpose): ATTY FEES-WINTER/CONG | | |
| | Mailing Address 434 SPITZER BLDG | | | |
| | City State TOLEDO | Zip Code OH | 43604 | |
| | Outstanding Balance Beginning This Period 400.00 | | | Transaction ID : INV6010000112321 |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | | 0.0 | 0 400.00 |
| | C. Full Name (Last, First, Middle Initial) of Debto MICHAEL HODGEKISS | r or Creditor | | Nature of Debt (Purpose): PRINTING |
| | Mailing Address 1265 48TH AVE. | | | |
| | City SAN FRANCISCO | State CA | Zip Code 94122 | |
| | Outstanding Balance Beginning This Period | | | Transaction ID : INV6010000112368 |
| | 127.20 | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | | 0.0 | 00 127.20 |
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Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): LITERATURE PURCHASE NEW BENJAMIN FRANKLIN HOUSE Mailing Address 304 W 58TH ST. State Zip Code **NEW YORK** 10019 Transaction ID: INV6010000112400 Outstanding Balance Beginning This Period 176.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 176.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** NEW HAMPSHIRE HIGHWAY HOTEL Mailing Address FT. EDDY ROAD City State Zip Code CONCORD NH 03301 Outstanding Balance Beginning This Period Transaction ID: INV6010000112401 75.20 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 75.20 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ADVERTISING NEW SOLIDARITY INT'L PRESS** Mailing Address 304 W. 58TH ST. 5TH FL. City State Zip Code **NEW YORK** 10019 NY Transaction ID: INV6010000112402 Outstanding Balance Beginning This Period 540.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 540.00 0.00 791.70 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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| AME OF COMMITTEE (In Full) | | • | |
| National Democratic Policy Committ | ee | | |
| A. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | Nature of I | Debt (Purpose): |
| NEW YORK TELEPHONE | TELEPHO | | |
| | | | |
| Mailing Address 10 COLUMBUS CIRCLE | | | |
| City State | Zip Code | | |
| NEW YORK | NY 10019 | | |
| Outstanding Balance Beginning This Period | | Transac | tion ID : INV6010000112403 |
| 236.83 | | | |
| Amount Incurred This Period | Payment This Period | Outstand | ling Balance at Close of This Period |
| | rayment mis renou | | |
| 0.00 | | 0.00 | 236.83 |
| B. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | Nature of | Debt (Purpose): |
| PATRICK F ADAMS P.C. | | | ES - NY BEAM DEMS |
| | | | |
| Mailing Address ATTORNEY AT LAW | | | |
| ONE EAST MAIN STREET City State | Zip Code | | |
| BAY SHORE | NY 11706 | | |
| Outstanding Balance Beginning This Period | | Transac | ction ID : INV6010000112085 |
| 5762.50 | | | |
| | Decimannt This Deviced | Outstand | line Delawar at Class of This Devised |
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| 0.00 | | 0.00 | 5762.50 |
| C. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | Nature of | Debt (Purpose): |
| PATRICK F ADAMS P.C. | | | FEES-NY BEAM DEM |
| | | | |
| Mailing Address ATTORNEY AT LAW | | | |
| ONE EAST MAIN STREET City | State Zip Code | | |
| BAY SHORE | NY 11706 | | |
| Outstanding Balance Beginning This Period | | Transac | ction ID : INV6010000112086 |
| 400.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstand | ling Polones at Class of This Pariod |
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Excluding Loans

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PAGE 119 OF 144 FOR LINE NUMBER: (check only one)

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|----|--|-----------------|---|------|---|
| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | ее | | | |
| | A. Full Name (Last, First, Middle Initial) of Debto PETER ENNIS | | Nature of Debt (Purpose): TRAVEL AND LODGING | | |
| | Mailing Address 65 SEAMAN AVE. | | | | |
| - | City State NEW YORK | Zip Code NY | 10034 | | |
| | Outstanding Balance Beginning This Period | | | | Transaction ID : INV6010000112316 |
| | 16.76 Amount Incurred This Period | Pav | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | 1 dy | | 0.00 | 16.76 |
| • | B. Full Name (Last, First, Middle Initial) of Debtor PMR PRINTING | or Creditor | | | Nature of Debt (Purpose): PRINTING |
| | Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 City State | Zip Code | | | |
| | STERLING | VA | 22170 | | |
| | Outstanding Balance Beginning This Period 2500.00 | | | | Transaction ID: INV6010000112882 |
| | Amount Incurred This Period 0.00 | Pay | ment This Period | 0.00 | Outstanding Balance at Close of This Period 2500.00 |
| | C. Full Name (Last, First, Middle Initial) of Debto PMR PRINTING | r or Creditor | | | Nature of Debt (Purpose): PRINTING |
| | Mailing Address INDIAN CREEK CENTER III RT. 1, BOX 22 | | | | |
| | City STERLING | State VA | Zip Code 22170 | | |
| | Outstanding Balance Beginning This Period | | | | Transaction ID : INV6010000112885 |
| | 6123.00 | _ | | | |
| | Amount Incurred This Period 0.00 | Pay | | 0.00 | Outstanding Balance at Close of This Period 6123.00 |
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PAGE 120 OF 144 FOR LINE NUMBER: (check only one)

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| NAME OF COMMITTEE (In F National Democration | | e | | | |
| A. Full Name (Last, First | , Middle Initial) of Debtor | or Creditor | | Nature | of Debt (Purpose): |
| PROVIDENCE | MARRIOTT INN | | | ROOM | RENTAL |
| Mailing Address CHARL | ES & ORMS STREETS | | | | |
| City State | | Zip Code | | | |
| PROVIDENCE | | RI | 02904 | | |
| Outstanding Balance B | eginning This Period | | | Trans | action ID : INV6010000113747 |
| | 125.00 | | | | |
| American Income | d This Davied | Davis | and This Deviced | Outota | anding Dalama at Class of This David |
| Amount Incurred | i This Period | Payr | nent This Period | Outsta | anding Balance at Close of This Period |
| | 0.00 | | (| 0.00 | 125.00 |
| B. Full Name (Last, First, | Middle Initial) of Debtor of | or Creditor | | | of Debt (Purpose): |
| PUBLICATION | & GENERAL MG | ACCOL | JNTING & DP SERVICE | | |
| Mailing Address P.O. BC | X 836 | | | | |
| City State | | Zip Code | | | |
| LEESBURG | | VA | 22075 | | |
| Outstanding Balance B | eginning This Period | | | Tran | saction ID : INV6010000112654 |
| | 1700.00 | | | | |
| Amount Incurred | This Period | Payr | nent This Period | Outsta | anding Balance at Close of This Period |
| | 0.00 | | C | 0.00 | 1700.00 |
| C. Full Name (Last, First | Middle Initial) of Debtor | or Creditor | | Nature | of Debt (Purpose): |
| • | I & GENERAL MC | | | | UNTING & DP SERVICE |
| Mailing Address P.O. BO | DX 836 | | | | |
| City | | State | Zip Code | | |
| LEESBURG | | VA | 22075 | | |
| Outstanding Balance B | eginning This Period | | | Trans | saction ID : INV6010000112656 |
| | 3000.00 | | | | |
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|--|--|------------|--------------------|-------------|-------------|---|
| NAME OF COMMITTEE (In Full) National Democratic Pol | icy Committee | | | | | |
| A. Full Name (Last, First, Middl PUBLICATION & G | , | ditor | | | | ebt (Purpose): ENT & DP SERVICE |
| Mailing Address P.O. BOX 836 | | | | | | |
| City State LEESBURG | Zip (| Code VA | 22075 | | | |
| Outstanding Balance Beginnin | g This Period 3000.00 | | | | Transactio | on ID : INV6010000112657 |
| Amount Incurred This | Period 0.00 | Paym | nent This Period | .00 | Outstandin | g Balance at Close of This Period 3000.00 |
| P. Full Name (Last First Middle | | itor | | | oture of Do | 7 |
| PUBLICATION & GI | B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | | | ebt (Purpose): ENT & DP SERVICES |
| Mailing Address P.O. BOX 836 | | | | | | |
| City State LEESBURG | Zip(V | Code A | 22075 | | | |
| Outstanding Balance Beginnin | g This Period 3000.00 | | | | Transacti | on ID : INV6010000112658 |
| Amount Incurred This | Period | Paym | nent This Period | | Outstandin | g Balance at Close of This Period |
| | 0.00 | 7 | 0. | .00 | | 3000.00 |
| C. Full Name (Last, First, Midd PUBLICATION & G | | ditor | | | | ebt (Purpose): ENT & DP SERIVCES |
| Mailing Address P.O. BOX 836 | | | | | | |
| City LEESBURG | State VA | | Zip Code 22075 | | | |
| Outstanding Balance Beginnin | g This Period 3000.00 | | | | Transacti | on ID : INV6010000112661 |
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Excluding Loans

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PAGE 122 OF 144 FOR LINE NUMBER: (check only one)

| | OF COMMITTEE (In Full) onal Democratic Policy Committee | ee | | |
|-------|--|--|-------------------|--|
| A. | Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL MO | Nature of Debt (Purpose): MANAGEMENT & DP SREVICES | | |
| Ма | illing Address P.O. BOX 836 | | | |
| City | y State ESBURG | Zip Code VA | 22075 | |
| (| Outstanding Balance Beginning This Period | | | Transaction ID : INV6010000112662 |
| ш | 3000.00 Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | , | 0.0 | 3000.00 |
| | B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | Nature of Debt (Purpose): MANAGEMENT & DP SERVICES |
| Ма | iling Address P.O. BOX 836 | | | |
| City | y State ESBURG | Zip Code VA | 22075 | |
| | Outstanding Balance Beginning This Period 3000.00 | | | Transaction ID : INV6010000112666 |
| Ш | Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
| ш | 0.00 | | 0.00 | 3000.00 |
| C. | Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL MO | | | Nature of Debt (Purpose): MANAGEMENT &DP SERVICES |
| Ма | illing Address P.O. BOX 836 | | | |
| City | y :ESBURG | State VA | Zip Code 22075 | |
| | Outstanding Balance Beginning This Period 3000.00 | | | Transaction ID : INV6010000112667 |
| | Amount Incurred This Period | Pa | yment This Period | Outstanding Balance at Close of This Period |
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Excluding Loans

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| | ME OF COMMITTEE (In Full) ational Democratic Policy Committee | ее | | | | |
| | A. Full Name (Last, First, Middle Initial) of Debtor PUBLICATION & GENERAL Mo | | | | Nature of Debt (Purpose): MANAGEMENT & DP SERVICES | |
| | Mailing Address P.O. BOX 836 | | | | | |
| | City State LEESBURG | Zip Code VA | 22075 | | | |
| | Outstanding Balance Beginning This Period | | | | Transaction ID : INV6010000112668 | |
| | 3000.00 | | | | | |
| | Amount Incurred This Period | Pa | yment This Period | | Outstanding Balance at Close of This Period | |
| | 0.00 | , | C | 0.00 | 3000.00 | |
| | B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | | Nature of Debt (Purpose): MANAGEMENT & DP SERVICES | |
| • | Mailing Address P.O. BOX 836 | | | | | |
| ł | City State | Zip Code | | | | |
| | LEESBURG | VA | 22075 | | | |
| | Outstanding Balance Beginning This Period 3000.00 | | | | Transaction ID : INV6010000112669 | |
| | Amount Incurred This Period | Pa | yment This Period | | Outstanding Balance at Close of This Period | |
| | 0.00 | , | C | 0.00 | 3000.00 | |
| | C. Full Name (Last, First, Middle Initial) of Debto PUBLICATION & GENERAL Mo | | | | Nature of Debt (Purpose): MANAGEMENT & DP SERVICES | |
| | Mailing Address P.O. BOX 836 | | | | | |
| | City LEESBURG | State VA | Zip Code 22075 | | | |
| | Outstanding Balance Beginning This Period | | | | Transaction ID : INV6010000112670 | |
| | 3000.00 | | | | | |
| | Amount Incurred This Period | Pa | yment This Period | | Outstanding Balance at Close of This Period | |
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| 2) | TOTALS This Period (last page this line number | only) | | > | | |
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Excluding Loans

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PAGE 124 OF 144 FOR LINE NUMBER: (check only one)

| NAME OF COMMITTEE (In Full) National Democratic Policy | Committee | | | | |
|---|--|-------------------|---|--|--|
| A. Full Name (Last, First, Middle Ini PUBLICATION & GEN | Nature of Debt (Purpose): MANAGEMENT &DP SERVICE | | | | |
| Mailing Address P.O. BOX 836 | Mailing Address P.O. BOX 836 | | | | |
| City State LEESBURG | Zip Code VA | 22075 | | | |
| Outstanding Balance Beginning Th | is Period 00.00 | | Transaction ID : INV6010000112671 | | |
| Amount Incurred This Period | | yment This Period | Outstanding Balance at Close of This Period | | |
| | 0.00 | 0.00 | 3000.00 | | |
| · · · · · · · · · · · · · · · · · · · | B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | | |
| Mailing Address P.O. BOX 836 | | | | | |
| City State LEESBURG | Zip Code VA | 22075 | | | |
| Outstanding Balance Beginning Th | is Period 00.00 | | Transaction ID : INV6010000112672 | | |
| Amount Incurred This Perio | od Pa | yment This Period | Outstanding Balance at Close of This Period | | |
| | 0.00 | 0.00 | 3000.00 | | |
| C. Full Name (Last, First, Middle Ini PUBLICATION & GEN | | | Nature of Debt (Purpose): MANAGEMENT &DP SERVICES | | |
| Mailing Address P.O. BOX 836 | | | | | |
| City LEESBURG | State VA | Zip Code 22075 | | | |
| Outstanding Balance Beginning Th | is Period 00.00 | | Transaction ID : INV6010000112673 | | |
| Amount Incurred This Period | od Pa | yment This Period | Outstanding Balance at Close of This Period | | |
| | 0.00 | 0.00 | 3000.00 | | |
| 1) SUBTOTALS This Period This Page | e (optional) | | 9000.00 | | |
| 2) TOTALS This Period (last page this | line number only) | | | | |
| 3) TOTAL OUTSTANDING LOANS fro | m Schedule C (last page o | only) l | | | |
| 4) ADD 2) and 3) and carry forward to | | | | | |

(Use separate schedule(s) for each

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| Excluding Loans nun | | | ed line) | X 10 |
|---|--|--------------|-----------------------|---------------------------|
| NAME OF COMMITTEE (In Full) National Democratic Policy Committee | ee | · | | |
| A. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | N | ature of Debt (Purp | ose): |
| PUBLICATION & GENERAL MO | GMT. | | MANGEMENT &DP | SERVICES |
| Mailing Address P.O. BOX 836 | | | | |
| City State | Zip Code | | | |
| LEESBURG | VA 22075 | | | |
| Outstanding Balance Beginning This Period 3000.00 | | | Transaction ID : IN | V6010000112674 |
| Amount Incurred This Period | Payment This Pe | riod | Outstanding Baland | e at Close of This Period |
| 0.00 | 7 7 | 0.00 | | 3000.00 |
| B. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | N | ature of Debt (Purp | ose): |
| PUBLICATION & GENERAL MG | MT. | N | MANAGEMENT & D | P SERVICES |
| Mailing Address P.O. BOX 836 | | | | |
| City State | Zip Code | | | |
| LEESBURG | VA 22075 | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : II | NV6010000112675 |
| 3000.00 | | | | |
| Amount Incurred This Period | Payment This Pe | riod | Outstanding Baland | e at Close of This Period |
| 0.00 | | 0.00 | | 3000.00 |
| PUBLICATION & GENERAL MO | C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PUBLICATION & GENERAL MGMT. | | | |
| Mailing Address P.O. BOX 836 | | | | |
| City | State Zip Code | | | |
| LEESBURG | VA 22075 | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : II | NV6010000112676 |
| 3000.00 | | | | |
| Amount Incurred This Period | Payment This Pe | riod | Outstanding Balanc | e at Close of This Period |
| | r dymont mio r o | | Data and any Data and | |
| 0.00 | | 0.00 | | 3000.00 |
| 1) SUBTOTALS This Period This Page (optional) | | > | | 9000.00 |
| 2) TOTALS This Period (last page this line number | only) | > | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule (| C (last page only) | > | | |
| 4) ADD 2) and 3) and carry forward to appropriate | ine of Summary Page (last | page only) ▶ | | |

Excluding Loans

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| NAME OF COMMITTEE (In Full) National Democratic Policy Committee | ee | | |
| A. Full Name (Last, First, Middle Initial) of Debt | | Nature of Debt (Purp MANAGEMENT & D | oose): P SERVICE |
| Mailing Address P.O. BOX 836 | | | |
| City State LEESBURG | Zip Code VA 22075 | | |
| Outstanding Balance Beginning This Period 3000.00 | | Transaction ID : IN | IV6010000112677 |
| Amount Incurred This Period | Payment This Period | | ce at Close of This Period |
| 0.00 | 0.00 | | 3000.00 |
| B. Full Name (Last, First, Middle Initial) of Debto PUROLATOR COURIER CORF | P. | Nature of Debt (Purp EXPRESS PACKAG | |
| Mailing Address 3333 NEW HYDE PARK ROAD City State | Zip Code | | |
| NEW HYDE PARK | NY 11042 | | |
| Outstanding Balance Beginning This Period 55.10 | | Transaction ID : I | NV6010000112891 |
| Amount Incurred This Period | Payment This Period | Outstanding Baland | ce at Close of This Period |
| 0.00 | 0.00 | | 55.10 |
| C. Full Name (Last, First, Middle Initial) of Debt QUALITY INN ALBANY | or or Creditor | Nature of Debt (Purp ROOM RENTALS | oose): |
| Mailing Address 1-3 WATERVLIET AVE. | | | |
| City ALBANY | State Zip Code NY 12206 | | |
| Outstanding Balance Beginning This Period 43.45 | | Transaction ID : I | NV6010000112892 |
| Amount Incurred This Period | Payment This Period | Outstanding Baland | ce at Close of This Period |
| 0.00 | 0.00 | | 43.45 |
| 1) SUBTOTALS This Period This Page (optional) | | <u> </u> | 3098.55 |
| 2) TOTALS This Period (last page this line number | r only) | <u> </u> | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C (last page only) | > | |
| 4) ADD 2) and 3) and carry forward to appropriate | e line of Summary Page (last page only) | > | |

Excluding Loans

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PAGE 127 OF 144 FOR LINE NUMBER: (check only one)

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| | ME OF COMMITTEE (In Full) ational Democratic Policy Committee | e | | | |
| - 1 | A. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | | Nature | of Debt (Purpose): |
| | RAMADA INN CASPER | | | ROOM | IRENTALS |
| Ī | Mailing Address PO BOX 2917 | | | | |
| | City State | Zip Code | | | |
| - 1 | CASPER | . WY | 82602 | | |
| | Outstanding Balance Beginning This Period | | | Trans | action ID : INV6010000112893 |
| | 108.85 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outst | anding Balance at Close of This Period |
| | 0.00 | , | | 0.00 | 108.85 |
| - | B. Full Name (Last, First, Middle Initial) of Debtor of RAMADA INN ST. LOUIS | or Creditor | | | of Debt (Purpose): RENTALS |
| - | Mailing Address 9636 NATURAL BRIDGE RD. | | | | |
| - | City State | Zip Code | | | |
| - 1 | ST. LOUIS | MO | 63134 | | |
| | Outstanding Balance Beginning This Period | | | Tran | saction ID : INV6010000112894 |
| | 52.31 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outst | anding Balance at Close of This Period |
| | 0.00 | | (| 0.00 | 52.31 |
| (| C. Full Name (Last, First, Middle Initial) of Debtor RAMADA INN-SAN ANTONIO | or Creditor | | | of Debt (Purpose): I RENTALS |
| Ī | Mailing Address 3645 N. PAN AM EXPRESSWAY | | | | |
| (| City | State | Zip Code | | |
| | SAN ANTONIO | TX | 78219 | | |
| | Outstanding Balance Beginning This Period | | | Tran | saction ID : INV6010000112897 |
| | 60.00 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outst | anding Balance at Close of This Period |
| | 0.00 | , | | 0.00 | 60.00 |
| 1) | SUBTOTALS This Period This Page (optional) | | | <u>}</u> | 221.16 |
| 2) | TOTALS This Period (last page this line number of | only) | | <u>+</u> | |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C | (last page or | nly) | > | |
| 4) | ADD 2) and 3) and carry forward to appropriate li | ne of Summa | ry Page (last page o | only) ▶ | |

Excluding Loans

(Use separate schedule(s) for each

PAGE 128 OF FOR LINE NUMBER: (check only one)

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): OFFICE RENT RENAISSANCE MARKETING Mailing Address 1249 WASHINGTON BLVD. STE. 626 State Zip Code **DETROIT** 48226 Transaction ID: INV6010000112898 Outstanding Balance Beginning This Period 600.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 600.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTORNEY FEES & EXPENSES RHEA, BOYD & RHEA Mailing Address 930 FORREST AVENUE City State Zip Code GADSDEN 35901 AL Outstanding Balance Beginning This Period Transaction ID: INV6010000114208 24.60 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 24.60 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **AUTO RENTAL** RICHARD MAGRAW Mailing Address 22-60 23RD ST. City State Zip Code **ASTORIA** 11105 NY Transaction ID: INV6010000112394 Outstanding Balance Beginning This Period 114.90 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 114.90 0.00 739.50 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

(Use separate schedule(s) for each numbered line)

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|--|--------------------------------------|---------------------------------------|---|--|
| NAME OF COMMITTEE (In Full) National Democratic Policy Commit | tee | | | |
| A. Full Name (Last, First, Middle Initial) of Debt ROBERT COLE | or or Creditor | Nature of Debt (Pur ROOM RENTALS | Nature of Debt (Purpose): ROOM RENTALS | |
| Mailing Address 4119 W. BELLEPLAINE #2W | | | | |
| City State CHICAGO | Zip Code IL 60641 | | | |
| Outstanding Balance Beginning This Period | | Transaction ID : II | NV6010000112305 | |
| Amount Incurred This Period | Payment This Period | Outstanding Balan | ce at Close of This Period | |
| 0.00 | 0. | .00 | 1243.95 | |
| B. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | Nature of Debt (Pur TRAVEL AND LOD | | |
| Mailing Address 22-49 38TH ST. | | | | |
| City State ASTORIA | Zip Code NY 11105 | | | |
| Outstanding Balance Beginning This Period | | Transaction ID : | INV6010000112375 | |
| Amount Incurred This Period | Payment This Period | Outstanding Balan | ce at Close of This Period | |
| 0.00 | 0. | .00 | 19.74 | |
| C. Full Name (Last, First, Middle Initial) of Debt ROGER HAM | tor or Creditor | Nature of Debt (Pur ROOM RENTALS | pose): | |
| Mailing Address 2 PINEHURST | | | | |
| City NEW YORK CITY | State Zip Code NY 10033 | | | |
| Outstanding Balance Beginning This Period 207.82 | | Transaction ID: | INV6010000112330 | |
| Amount Incurred This Period | Payment This Period | Outstanding Balan | ce at Close of This Period | |
| 0.00 | 0 | .00 | 207.82 | |
| 1) SUBTOTALS This Period This Page (optional) | | | 1471.51 | |
| 2) TOTALS This Period (last page this line number | er only) | | | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | C (last page only) | > | , | |
| 4) ADD 2) and 3) and carry forward to appropriate | e line of Summary Page (last page or | nly) ▶ | | |

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 130 OF 144 FOR LINE NUMBER: (check only one)

| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | ее | | | |
|----|---|-----------------|-------------------|-------------|---|
| / | A. Full Name (Last, First, Middle Initial) of Debtor RONALD KOKINDA | or Creditor | | | Nature of Debt (Purpose): CONSULTING |
| ī | Mailing Address 36-5 FORT EVANS ROAD, NE | | | | |
| | City State LEESBURG | Zip Code VA | 22075 | | |
| | Outstanding Balance Beginning This Period | | | | Transaction ID : INV6010000114750 |
| | 524.50 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 524.50 |
| E | B. Full Name (Last, First, Middle Initial) of Debtor RONALD KOKINDA | or Creditor | | | Nature of Debt (Purpose): CONSULTING |
| 1 | Mailing Address 36-5 FORT EVANS ROAD, NE | | | | |
| | City State LEESBURG | Zip Code VA | 22075 | | |
| | Outstanding Balance Beginning This Period 1600.00 | | | | Transaction ID : INV6010000114756 |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 1600.00 |
| (| C. Full Name (Last, First, Middle Initial) of Debtor SAFEWAY PRINTING | or Creditor | | | Nature of Debt (Purpose): PRINTING |
| ı | Mailing Address 3276 WEST 6TH ST. | | | | |
| | City LOS ANGELES | State CA | Zip Code 90020 | | |
| | Outstanding Balance Beginning This Period | | | | Transaction ID: INV6010000112901 |
| | 300.38 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | 7 | 0.00 | 300.38 |
| 1) | SUBTOTALS This Period This Page (optional) | | | | 2424.88 |
| 2) | TOTALS This Period (last page this line number of | only) | | > | |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C | C (last page or | nly) | > | |
| 4) | ADD 2) and 3) and carry forward to appropriate I | only) | | | |

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 131 OF 144 FOR LINE NUMBER: (check only one)

| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | ee | | | |
|----|--|-----------------|--------------------------------------|--------|---|
| | A. Full Name (Last, First, Middle Initial) of Debtor SAN FRANCISCO LABOR CTT | 1 | Nature of Debt (Purpose): POSTAGE | | |
| | Mailing Address 1826 NOREIGA ST. | | | | |
| | City State | Zip Code | | | |
| | SAN FRANCISCO | CA | 94122 | | Transaction ID : INV6010000112902 |
| | Outstanding Balance Beginning This Period | | | | Transaction ib . 11440010000112302 |
| | 413.47 | Davi | manut Thin David | | Outstanding Delegas at Class of This Deviced |
| | Amount Incurred This Period | Pay | ment This Period | .00 | Outstanding Balance at Close of This Period 413.47 |
| | 0.00 | | 0. | .00 | 413.47 |
| | B. Full Name (Last, First, Middle Initial) of Debtor SANS SOUCI TRAVEL | or Creditor | | | Nature of Debt (Purpose): AIR TRAVEL |
| | Mailing Address 253 - 12 UNION TURNPIKE | | | | |
| ŀ | City State | Zip Code | | | |
| | FLORAL PARK | NY | 11004 | | |
| | Outstanding Balance Beginning This Period 290.00 | | | | Transaction ID : INV6010000113737 |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | , | 0. | .00 | 290.00 |
| • | C. Full Name (Last, First, Middle Initial) of Debto SANS SOUCI TRAVEL | r or Creditor | | 1 | Nature of Debt (Purpose): ADDER TO 4/10 INV-TRAVEL |
| | Mailing Address 253 - 12 UNION TURNPIKE | | | | |
| Ì | City | State | Zip Code | | |
| | FLORAL PARK | NY | 11004 | | |
| | Outstanding Balance Beginning This Period 40.00 | | | | Transaction ID : INV6010000113743 |
| | Amount Incurred This Period | Pav | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | , | | 0.00 | 40.00 |
| | | 7 | | | |
| 1) | SUBTOTALS This Period This Page (optional) | | | ▶ | 743.47 |
| 2) | TOTALS This Period (last page this line number | only) | | ▶ | |
| 3) | TOTAL OUTSTANDING LOANS from Schedule 0 | C (last page or | nly) | ▶ | |
| 4) | ADD 2) and 3) and carry forward to appropriate | line of Summa | ry Page (last page or | nly) ▶ | |

Excluding Loans

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PAGE 132 OF 144 FOR LINE NUMBER: (check only one)

| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | е | | |
|----|--|---|-------------------------|--|
| | A. Full Name (Last, First, Middle Initial) of Debtor SEGAL, MORAN & FEINBERG | Nature of Debt (Purpose): ATTORNEY FEES | | |
| | Mailing Address 210 COMMERCIAL STREET | | | |
| | City State BOSTON | Zip Code MA | 02109 | |
| | Outstanding Balance Beginning This Period | | | Transaction ID : INV6010000113750 |
| | 712.50 | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | | 0.0 | 712.50 |
| | B. Full Name (Last, First, Middle Initial) of Debtor of SEVEN SEAS MOTOR INN | or Creditor | | Nature of Debt (Purpose): ROOM RENTALS |
| | Mailing Address 1823 OLD RED TRAIL | | | |
| | City State MANDAN | Zip Code ND | 58554 | |
| | Outstanding Balance Beginning This Period | | | Transaction ID: INV6010000112903 |
| | 46.12 | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | | 0.00 | 46.12 |
| • | C. Full Name (Last, First, Middle Initial) of Debtor SHERATON COLUMBUS PLAZ | | | Nature of Debt (Purpose): RM-RNTL-SCOTT/CONG |
| | Mailing Address 50 NORTH THIRD STREET | | | |
| Ì | City | State | Zip Code | |
| | COLUMBUS | OH | 43215 | |
| | Outstanding Balance Beginning This Period | | | Transaction ID : INV6010000112906 |
| | 50.00 | 5 | | |
| | Amount Incurred This Period | Pay | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | | 0.0 | 50.00 |
| 1) | SUBTOTALS This Period This Page (optional) | | | 808.62 |
| 2) | TOTALS This Period (last page this line number of | only) | | <u> </u> |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C | C (last page or | nly) | > |
| 4) | ADD 2) and 3) and carry forward to appropriate li | ine of Summa | ry Page (last page only |) ▶ |

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: L. BOYLE/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 Transaction ID: INV6010000112908 Outstanding Balance Beginning This Period 538.45 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.45 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: S. CROCKER/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 MI Outstanding Balance Beginning This Period Transaction ID: INV6010000112909 538.45 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 538.45 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: M. DEAN/USS SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 MI Transaction ID: INV6010000112910 Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.46 0.00 1615.36 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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PAGE 134 OF 144 FOR LINE NUMBER: (check only one)

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|----|--|--|-------------------------|---|
| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | е | | |
| | A. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN | Nature of Debt (Purpose): ATTY FEE: S. JOHNSON/CONG | | |
| | Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING | | | |
| | City State DETROIT | Zip Code MI | 48226 | |
| | Outstanding Balance Beginning This Period | | | Transaction ID : INV6010000112911 |
| | 538.46 | | | |
| | Amount Incurred This Period | Payr | nent This Period | Outstanding Balance at Close of This Period |
| | 0.00 | , | 0.00 | 538.46 |
| | B. Full Name (Last, First, Middle Initial) of Debtor of SOLOMON, FOLEY & MORAN | or Creditor | | Nature of Debt (Purpose): ATTY FEE: E.SEFCOVIC/CONG |
| | Mailing Address ATTORNEYS AT LAW | | | |
| | 2280 PENOBSCOT BUILDING City State | Zip Code | | |
| | DETROIT | MI | 48226 | |
| | Outstanding Balance Beginning This Period | | | Transaction ID : INV6010000112912 |
| | 538.46 | | | |
| | Amount Incurred This Period | Payr | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | , | 0.00 | 538.46 |
| | C. Full Name (Last, First, Middle Initial) of Debtor SOLOMON, FOLEY & MORAN | or Creditor | | Nature of Debt (Purpose): ATTY FEE: G SHEPPARD/CONG |
| | Mailing Address ATTORNEYS AT LAW | | | |
| | 2280 PENOBSCOT BUILDING City | State | Zip Code | _ |
| | DETROIT | MI | 48226 | |
| | Outstanding Balance Beginning This Period | | | Transaction ID : INV6010000112913 |
| | 538.46 | | | |
| | Amount Incurred This Period | Payr | ment This Period | Outstanding Balance at Close of This Period |
| | 0.00 | 7 | 0.00 | 538.46 |
| 1) | SUBTOTALS This Period This Page (optional) | | | 1615.38 |
| 2) | TOTALS This Period (last page this line number of | only) | | · |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C | (last page on | ly) | |
| 4) | ADD 2) and 3) and carry forward to appropriate li | ne of Summar | y Page (last page only) | ·, |

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: H. SHORE/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 Transaction ID: INV6010000112914 Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.46 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: J. STAMPS/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 MI Outstanding Balance Beginning This Period Transaction ID: INV6010000112915 538.46 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 538.46 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): ATTY FEE: J. VAUGHN/CONG SOLOMON, FOLEY & MORAN Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING City State Zip Code **DETROIT** 48226 MI Transaction ID: INV6010000112916 Outstanding Balance Beginning This Period 538.46 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 538.46 0.00 1615.38 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

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PAGE 136 OF 144 FOR LINE NUMBER: (check only one)

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| AME OF COMMITTEE (In Full) National Democratic Policy Committ | ee | • | | |
| A. Full Name (Last, First, Middle Initial) of Debto | or or Creditor | | Nature of Debt (Pu | irpose): |
| SOLOMON, FOLEY & MORAN | I | | ATTY FEE: O. WA | LKER/CONG |
| Mailing Address ATTORNEYS AT LAW 2280 PENOBSCOT BUILDING | | | | |
| City State DETROIT | Zip Code MI 48226 | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID : | INV6010000112917 |
| 538.46 | | | | |
| Amount Incurred This Period | Payment This Peri | od | Outstanding Bala | nce at Close of This Period |
| 0.00 | | 0.00 | | 538.46 |
| B. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | | Nature of Debt (Pu | rnose): |
| SOUTHEAST POLITICAL LITE | | | FLD OFFC TELEP | |
| Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD | | | | |
| City State BALTIMORE | Zip Code MD 21227 | | | |
| Outstanding Balance Beginning This Period | WID | | Transaction ID | : INV6010000114478 |
| 915.00 | | | Transaction ib | |
| Amount Incurred This Period | Payment This Peri | od | Outstanding Bala | nce at Close of This Period |
| | r ayment mis ren | 0.00 | Outstanding Bala | 915.00 |
| 0.00 | | 0.00 | | 010.00 |
| C. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITE | | | Nature of Debt (Pu | |
| Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD | | | _ | |
| City BALTIMORE | State Zip Code MD 21227 | | | |
| Outstanding Balance Beginning This Period | | | Transaction ID | : INV6010000114479 |
| 200.00 | | | | |
| Amount Incurred This Period | Payment This Peri | od | Outstanding Bala | nce at Close of This Period |
| 0.00 | | 0.00 | , | 200.00 |
| SUBTOTALS This Period This Page (optional) | | > | | 1653.46 |
| TOTALS This Period (last page this line number | only) | > | | ., |
| TOTAL OUTSTANDING LOANS from Schedule | C (last page only) | > | | ., |
| ADD 2) and 3) and carry forward to appropriate | line of Summary Page (last p | age only) > | | |

Excluding Loans

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NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FLD OFFC TELEPHONE USAGE SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD State Zip Code **BALTIMORE** 21227 Transaction ID: INV6010000114480 Outstanding Balance Beginning This Period 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 915.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): FIELD OFFICE RENT SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD State City Zip Code **BALTIMORE** 21227 MD Outstanding Balance Beginning This Period Transaction ID: INV6010000114481 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 200.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **TELEPHONE USAGE** SOUTHEAST POLITICAL LITERATURE Mailing Address SALES & DISTRIBUTION, INC. 3916-A VERO ROAD City State Zip Code **BALTIMORE** 21227 MD Transaction ID: INV6010000114482 Outstanding Balance Beginning This Period 915.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 915.00 0.00 2030.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

Excluding Loans

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PAGE 138 OF 144 FOR LINE NUMBER: (check only one)

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| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | ее | | | |
| | A. Full Name (Last, First, Middle Initial) of Debto SOUTHEAST POLITICAL LITE | | Nature of Debt (Purpose): RENT | | |
| | Mailing Address SALES & DISTRIBUTION, INC. | | | | |
| | 3916-A VERO ROAD City State BALTIMORE | Zip Code MD | 21227 | | |
| | Outstanding Balance Beginning This Period | | | , | Transaction ID : INV6010000114483 |
| | 200.00 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 200.00 |
| | B. Full Name (Last, First, Middle Initial) of Debtor STATE OF CALIFORNIA | or Creditor | | | Nature of Debt (Purpose): PRINTING |
| | Mailing Address OFFICE OF STATE PRINTING LEGISLATIVE BILL ROOM | | | | |
| | City State | Zip Code | | | |
| | SACRAMENTO | CA | 95814 | | |
| | Outstanding Balance Beginning This Period | | | | Transaction ID : INV6010000112389 |
| | 53.00 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | , | | 0.00 | 53.00 |
| | C. Full Name (Last, First, Middle Initial) of Debto STATLER BUFFALO | r or Creditor | | | Nature of Debt (Purpose): ROOM RENTALS |
| | Mailing Address 107 DELAWARE AVENUE | | | | |
| | City | State | Zip Code | | |
| | BUFFALO | NY | 14202 | | |
| | Outstanding Balance Beginning This Period | | | | Transaction ID : INV6010000112918 |
| | 85.00 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | | Outstanding Balance at Close of This Period |
| | 0.00 | , | | 0.00 | 85.00 |
| 1) | SUBTOTALS This Period This Page (optional) | | | ▶ | 338.00 |
| 2) | TOTALS This Period (last page this line number | only) | | ▶ | |
| 3) | TOTAL OUTSTANDING LOANS from Schedule | C (last page or | nly) | ▶ | |
| 4) | ADD 2) and 3) and carry forward to appropriate | line of Summa | ry Page (last page o | only) ► | |

Excluding Loans

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| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | е | | | |
| | A. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | | Nature of | Debt (Purpose): |
| | SYRACUSE AIRPORT INN | | | ROOM F | RENTALS |
| | Mailing Address HANCOCK AIRPORT | | | | |
| l | City State | Zip Code | | | |
| | NORTH SYRACUSE | NY | 13212 | | |
| | Outstanding Balance Beginning This Period | | | Transa | ction ID : INV6010000112921 |
| | 19.00 | | | | |
| | Amount Incurred This Period | Pav | ment This Period | Outstan | ding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 19.00 |
| ŀ | B. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | | Nature of | Debt (Purpose): |
| | TED HERBERT | or oroanor | | | EES & EXP-GA DEM SL |
| | Mailing Address 142 FOREST AVENUE N.E. | | | | |
| ł | City State | Zip Code | | | |
| | MARIETTA | GA | 30060 | | |
| | Outstanding Balance Beginning This Period | | | Transa | action ID : INV6010000114387 |
| | 1088.20 | | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outstan | ding Balance at Close of This Period |
| | 0.00 | , | | 0.00 | 1088.20 |
| | C. Full Name (Last, First, Middle Initial) of Debtor TED HERBERT | or Creditor | | | Debt (Purpose): EES & EXP-GA DEM SL |
| | Mailing Address 142 FOREST AVENUE N.E. | | | | |
| ł | City | State | Zip Code | | |
| | MARIETTA | GA | 30060 | | |
| | Outstanding Balance Beginning This Period | | | Transa | action ID : INV6010000114393 |
| | 800.00 | | | | |
| | | Davi | mant This Davied | Outoto | dina Dalama at Class of This Davied |
| | Amount Incurred This Period | Pay | ment This Period | Ouisiar | ding Balance at Close of This Period |
| | 0.00 | | | 0.00 | 800.00 |
| 1) | SUBTOTALS This Period This Page (optional) | | | | 1907.20 |
| 2) | TOTALS This Period (last page this line number of | only) | | | |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C | (last page or | nly) | | |
| 4) | ADD 2) and 3) and carry forward to appropriate li | ine of Summa | ry Page (last page o | only) ▶ | |

Excluding Loans

(Use separate schedule(s) for each numbered line)

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| NAME OF COMMITTEE (In Full) National Democratic Policy Commi | ittee | |
|--|---|---|
| A. Full Name (Last, First, Middle Initial) of Del THE CHANCELLOR HOTEL | Nature of Debt (Purpose): ROOM RENTALS | |
| Mailing Address 1501 SOUTH NEIL STREET | | |
| City State | Zip Code | |
| CHAMPAIGN Outstanding Balance Beginning This Period | IL 61820 | Transaction ID : INV6010000112301 |
| 25.00 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 25.00 |
| B. Full Name (Last, First, Middle Initial) of Deb THE COLONNADE | tor or Creditor | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address 120 HUNTINGTON AVENUE | | |
| City State BOSTON | Zip Code MA 02116 | |
| Outstanding Balance Beginning This Period 75.00 | | Transaction ID : INV6010000112306 |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 75.00 |
| C. Full Name (Last, First, Middle Initial) of Del THE PRESS CLUB OF HOUS | | Nature of Debt (Purpose): ROOM RENTALS |
| Mailing Address THE WORLD TRADE CENTE | ER | |
| 1520 TEXAS AVENUE City | State Zip Code | |
| HOUSTON | TX 77002 | |
| Outstanding Balance Beginning This Period 25.00 | | Transaction ID : INV6010000112890 |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 0.00 | 0.00 | 25.00 |
| 1) SUBTOTALS This Period This Page (optional) |) > | 125.00 |
| 2) TOTALS This Period (last page this line numb | per only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedul | le C (last page only) | . , , , , , , , , , , , , , , , , , , , |
| 4) ADD 2) and 3) and carry forward to appropria | te line of Summary Page (last page only) | |

Excluding Loans

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|----|---|-----------------|---------------------|---------------|-----------------------------------|----------------|
| | ME OF COMMITTEE (In Full) ational Democratic Policy Committe | ee | | | | |
| | A. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | | | e of Debt (Purpose): | |
| | TONI JENNINGS | | | POS | ΓAGE | |
| | Mailing Address 2414 13TH AVE. SO. #104 | | | | | |
| ŀ | City State | Zip Code | | | | |
| | SEATTLE | WA | 98144 | | | |
| | Outstanding Balance Beginning This Period | | | Trai | saction ID : INV60100001 | 12374 |
| | 30.15 | | | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outs | standing Balance at Close | of This Period |
| | 0.00 | | | 0.00 | | 30.15 |
| ŀ | B. Full Name (Last, First, Middle Initial) of Debtor | or Creditor | | Natur | e of Debt (Purpose): | |
| | TREAT CATERERS | or creditor | | | M RENTALS | |
| | Mailing Address 50 PARK PLACE | | | | | |
| ŀ | City State | Zip Code | | | | |
| | NEWARK | NJ | 07101 | | | |
| Ī | Outstanding Balance Beginning This Period | | | Tra | nsaction ID : INV6010000 | 112922 |
| | 100.00 | | | | | |
| | Amount Incurred This Period | Pay | ment This Period | Out | standing Balance at Close | of This Period |
| | 0.00 | | | 0.00 | | 100.00 |
| • | C. Full Name (Last, First, Middle Initial) of Debtor TUTTLES RESTAURANT | or Creditor | | | e of Debt (Purpose): M RENTALS | |
| - | Mailing Address (C/O GILBERT ROBINSON COL P.O. BOX 16000 | LEX) | | | | |
| ı | City | State | Zip Code | | | |
| | KANSAS CITY | MO | 64112 | | | |
| Ī | Outstanding Balance Beginning This Period | | | Tra | nsaction ID : INV6010000 | 112923 |
| | 50.00 | | | | | |
| | Amount Incurred This Period | Pay | ment This Period | Outs | standing Balance at Close | of This Period |
| | 0.00 | , | , | 0.00 | | 50.00 |
| 1) | SUBTOTALS This Period This Page (optional) | | | > | | 180.15 |
| 2) | TOTALS This Period (last page this line number | only) | | | | |
| 3) | TOTAL OUTSTANDING LOANS from Schedule C | C (last page or | ly) | | | |
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PAGE 142 OF 144 FOR LINE NUMBER: (check only one)

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| AME OF COMMITTEE (In Full) | | | • | • | |
| National Democratic Policy Commit | ttee | | | | |
| A. Full Name (Last, First, Middle Initial) of Deb | tor or Creditor | | | ature of Debt (P | |
| VITA OBERSCHNEIDER | | | | ROOM RENTALS | S |
| | | | | | |
| Mailing Address 544 OAK HILL RD. | | | | | |
| City State | Zip Code | | | | |
| ELGIN | IL | 60120 | | | |
| Outstanding Balance Beginning This Period | | | | Transaction ID | : INV6010000112404 |
| 149.16 | | | | | |
| Amount Incurred This Period | Pa | yment This Period | | Outstanding Ral | ance at Close of This Period |
| | 10 | yment mis renou | | Outstanding Bai | |
| 0.00 | | 7 | 0.00 | | 149.16 |
| B. Full Name (Last, First, Middle Initial) of Debt | or or Creditor | | | ature of Debt (P | urpose): |
| WESTBOROUGH PLAZA HOT | | | | MEETING ROOM | |
| | | | | | |
| Mailing Address 5 TURNPIKE ROAD | | | | | |
| City State | Zip Code | | | | |
| WESTBOROUGH | MA | 01581 | | | |
| Outstanding Balance Beginning This Period | | | | Transaction ID | : INV6010000114249 |
| 54.25 | | | | | |
| Amount Incurred This Period | Pa | yment This Period | | Outstanding Ral | ance at Close of This Period |
| | 10 | yment This Tenod | | Outstanding Bai | |
| 0.00 | | | 0.00 | | 54.25 |
| C. Full Name (Last, First, Middle Initial) of Deb | tor or Creditor | | N | ature of Debt (P | urpose): |
| WESTERN UNION INTERNA | TIONAL | | | TELEPHONE | • |
| Ma Trans Addison | | | | | |
| Mailing Address BOX 6022 CHRUCH ST. STA. | | | | | |
| City | State | Zip Code | | | |
| NEW YORK | NY | 10008 | | | |
| Outstanding Balance Beginning This Period | | | | Transaction ID | : INV6010000112926 |
| 18.42 | | | | | |
| Amount Incurred This Period | Pa | yment This Period | | Outstanding Bal | ance at Close of This Period |
| | | yo.iio . oou | 0.00 | Julianing Dan | 18.42 |
| 0.00 | | , | 0.00 | | 10.42 |
| J | | | | | |
|) SUBTOTALS This Period This Page (optional). | | | | | 221.83 |
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|) TOTAL OUTSTANDING LOANS from Schedule | e C (last page o | only) | | | |
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|) ADD 2) and 3) and carry forward to appropriat | e line of Summ | ary rage (last page | orily) 🟲 | 7 | |

Excluding Loans

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| NAME OF COMMITTEE (In Full) National Democratic Policy Committee | ee | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) of Debto WORLDCOMP | Nature of Debt (Purpose): TYPE SETTING | |
| Mailing Address 722 EAST MARKET STREET | | |
| City State LEESBURG | Zip Code VA 22075 | |
| Outstanding Balance Beginning This Period | | Transaction ID : INV6010000112983 |
| 741.67 | | |
| Amount Incurred This Period | Payment This Period | d Outstanding Balance at Close of This Period |
| 0.00 | | 0.00 741.67 |
| B. Full Name (Last, First, Middle Initial) of Debtor WORLDCOMP | or Creditor | Nature of Debt (Purpose): TYPE & ART |
| Mailing Address 722 EAST MARKET STREET | | |
| City State LEESBURG | Zip Code VA 22075 | |
| Outstanding Balance Beginning This Period 926.37 | | Transaction ID: INV6010000112988 |
| Amount Incurred This Period | Payment This Period | d Outstanding Balance at Close of This Period |
| 0.00 | | 0.00 926.37 |
| C. Full Name (Last, First, Middle Initial) of Debto | r or Creditor | Nature of Debt (Purpose): TYPE & ART |
| Mailing Address 722 EAST MARKET STREET | | |
| City LEESBURG | State Zip Code VA 22075 | |
| Outstanding Balance Beginning This Period | | Transaction ID : INV6010000112992 |
| 71.58 | | |
| Amount Incurred This Period | Payment This Period | d Outstanding Balance at Close of This Period |
| 0.00 | | 0.00 71.58 |
| 1) SUBTOTALS This Period This Page (optional) | | |
| 2) TOTALS This Period (last page this line number | > | |
| 3) TOTAL OUTSTANDING LOANS from Schedule | > | |
| 4) ADD 2) and 3) and carry forward to appropriate | line of Summary Page (last pa | ge only) ▶ |

Excluding Loans

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numbered line) NAME OF COMMITTEE (In Full) National Democratic Policy Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TYPE SETTING WORLDCOMP Mailing Address 722 EAST MARKET STREET State Zip Code **LEESBURG** 22075 Transaction ID: INV6010000112993 Outstanding Balance Beginning This Period 50.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 50.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ROOM RENTALS** YMCA SYRACUSE Mailing Address 340 MONTGOMERY STREET City State Zip Code SYRACUSE NY 13202 Outstanding Balance Beginning This Period Transaction ID: INV6010000112994 25.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 25.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MAILING LABELS-SUB LISTS ZELLER & LETICA INC. Mailing Address 15 E. 26TH ST. Zip Code City State **NEW YORK** 10010 NY Transaction ID: INV6010000112995 Outstanding Balance Beginning This Period 57.84 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 57 84 0.00 132.84 1) SUBTOTALS This Period This Page (optional)..... 408326.38 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 408326.38

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶